

Testimony of the Board of Nursing

**Before the
House Committee on Consumer Protection & Commerce
Wednesday, February 17, 2021
2:00 p.m.
Via Videoconference**

**On the following measure:
H.B. 576, H.D. 1, RELATING TO HEALTH CARE**

Chair Johanson and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board appreciates the intent of this bill and offers comments.

The purpose of this bill is to authorize licensed physician assistants and advanced practice registered nurses to perform aspiration abortions.

The Board appreciates the bill's intent to authorize advanced practice registered nurses (APRNs) to perform certain abortions. APRNs are recognized as primary care providers who may practice independently based on their practice specialty, including women's health or as a certified nurse midwife. An APRN's education and training include, but are not limited to, a graduate-level degree in nursing and national certification that is specific to the APRN's practice specialty, in accordance with nationally recognized standards of practice.

For the Committee's information, the American Academy of Nurse Practitioners and the Guttmacher Institute both report that California, Colorado, Massachusetts, Maine, Montana, New Hampshire, Virginia, Vermont, and West Virginia allow certain advanced practice clinicians to independently provide medication or aspiration abortions.

The Board notes that it would be important to amend Hawaii's nursing law, Hawaii Revised Statutes (HRS) chapter 457 (Nurses), to avoid uncertainty about which chapter controls the practice for APRNs and to ensure effective implementation of the proposed law. Therefore, the Board recommends:

- (1) Deleting all references to "advanced practice registered nurse" and "chapter 457" that this bill proposes to place in HRS chapter 453;

- (2) Adding the following section to HRS chapter 457 for APRNs who perform abortions, which will allow them to maintain the same standards required for physicians under HRS chapter 453-16:

"§457- Advanced practice registered nurses; abortions by medication or aspiration intentional termination of pregnancy; penalties; refusal to perform.

(a) Notwithstanding any other law to the contrary, an advanced practice registered nurse may provide medication or aspiration abortion care in the first trimester of pregnancy, so long as the advanced practice registered nurse:

- (1) Has prescriptive authority;**
- (2) Practices within the advanced practice registered nurse's practice specialty;**
- (3) Has a valid, unencumbered license obtained in accordance with this chapter; and**
- (4) The abortion is performed in a hospital licensed by the department of health or operated by the federal government or an agency thereof, or in a clinic or advanced practice registered nurse's office.**

(b) Abortion shall mean an operation to intentionally terminate the pregnancy of a nonviable fetus. The termination of a pregnancy of a viable fetus is not included in this section.

(c) The State shall not deny or interfere with a female's right to choose or obtain an abortion of a nonviable fetus or an abortion that is necessary to protect the life or health of the female.

(d) Any person who knowingly violates subsection (a) shall be fined not more than \$1,000 or imprisoned not more than five years, or both.

(e) Nothing in this section shall require any hospital or any person to participate in an abortion nor shall any hospital or any person be liable for a refusal."; and

- (3) Deleting page 5, lines 17 through 19 of the bill.

Testimony of the Board of Nursing

H.B. 576, H.D. 1

Page 3 of 3

The Board defers to the Hawaii Medical Board regarding the scope of practice for licensed physician assistants.

Thank you for the opportunity to testify on this bill.

Testimony of the Hawaii Medical Board

**Before the
House Committee on Consumer Protection & Commerce
Wednesday, February 17, 2021
2:00 p.m.
Via Videoconference**

**On the following measure:
H.B. 576, H.D. 1, RELATING TO HEALTH**

Chair Johanson and Members of the Committee:

My name is Dorene Eddy, Program Specialist, testifying for Ahlani Quiogue, the Executive Officer of the Hawaii Medical Board (Board). The Board appreciates the intent of this bill and limits its comments to provisions affecting physician assistants (PAs) and Hawaii Revised Statutes (HRS) chapter 453 (Medicine and Surgery). The Board defers to the Board of Nursing regarding the scope of practice for licensed advanced practice registered nurses (APRNs).

The purpose of this bill is to authorize licensed PAs and APRNs to perform aspiration abortions.

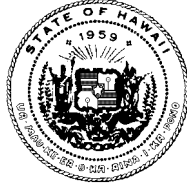
The Board appreciates the bill's intent to authorize PAs to perform certain abortions to provide greater access to health care for all Hawaii residents, especially those who reside in rural areas or on the neighbor islands. However, the Board must ensure that PAs continue adhering to best practices and therefore requests that the Committee consider the following:

- (1) Ensure that the PA is an authorized agent of the PA's supervising physician and that the supervising physician shall authorize and/or delegate the performance of aspiration abortions to the PA;
- (2) Perform aspiration abortions only in a hospital licensed by the Department of Health or the federal government, to ensure that appropriate teams are in place to provide assistance if required;
- (3) Delete section 2 in its entirety because the Board does not regulate APRNs, placing statutes regulating APRNs in HRS chapter 453 would not be appropriate. Instead, it would be more appropriate to create a

new section regarding APRNs performing aspiration abortions in HRS chapter 457 (Nursing); and

- (4) Delete page 5, lines 17 through 19 of the bill.

Thank you for the opportunity to testify on this bill.



‘O kēia ‘ōlelo hō’ike no ke
Komikina Kūlana Olakino o Nā Wāhine

Testimony on behalf of the
**Hawai‘i State Commission on the Status of
Women**

In Support of HB567 HD1 With Amendments
February 17, 2021

Aloha Chair Nakashima, Vice Chair Matayoshi, and Honorable Members,

The Hawai‘i State Commission on the Status of Women (CSW) writes in support of HB567 HD1, which requires the legislative reference bureau to conduct a study on telework and the use of alternative work schedules for state employees. The amended bill also requires state departments and agencies to cooperate with the legislative reference bureau. Finally, HB567 HD 1 legislative reference bureau to submit a report of its findings and recommendations, including proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2022.

HB567 is the only telework-related bill introduced this Session that addresses the impact of school, daycare, and senior care disruptions on gender equality. The 2010 telework policy explicitly prohibits telework while or for caregiving, which has been negatively impact women’s equality in the workplace for over a decade.

To ensure women are protected as we await the proposed LRB study, we request the following amendment:

Section 5. Upon declaration of a public health emergency by the Governor, all state departments shall adopt emergency telework policies as set forth by the interim guidance issued in March 2020 by the Department of Human Resources Development, which permits teleworking while caregiving for state department employees, until the Governor declares the public health emergency no longer exists.

Sincerely,
Khara Jabola-Carolus

HB-576-HD-1

Submitted on: 2/12/2021 6:00:20 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Golojuch Jr	LGBT Caucus of the Democratic Party of Hawaii	Support	No

Comments:

Aloha Representatives,

The LGBT Caucus of the Democratic Party of Hawai'i, Hawaii's oldest and largest policy and political LGBTQIA+ focused organization, fully supports House Bill 576.

Mahalo nui loa for your time and consideration,

Michael Golojuch, Jr.

Chair

LGBT Caucus of the Democratic Party of Hawai'i

HB-576-HD-1

Submitted on: 2/13/2021 12:19:56 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	AAUW of Hawaii	Support	No

Comments:

Members of AAUW of Hawaii are grateful for this opportunity to testify in strong support of H.B. 576 HD1, which would authorize licensed physician assistants and advanced practice registered nurses to perform certain abortions. Hawaii's outdated law restricts the provision of early in-clinic abortion care to physicians. The limited availability of abortion physicians leads to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.

Please pass this important measure to provide timely, safe, and local care and mahalo.

Younghee Overly, Public Policy Chair of AAUW of Hawaii

The American Association of University Women (AAUW) of Hawaii is a state-wide organization made up of six branches (Hilo, Honolulu, Kauai, Kona, Maui, and Windward Oahu), and over 3800 members and supporters statewide. As advocates for gender equity, AAUW of Hawaii promotes the economic, social, and physical well-being of all persons.

HB-576-HD-1

Submitted on: 2/14/2021 2:08:36 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brett Kulbis	Honolulu County Republican Party	Oppose	No

Comments:

Honolulu County Republican Party **STRONGLY OPPOSES** HB-576.

Abortion is contrary to the tradition and values of the nursing profession. To become abortion providers would violate the integrity of the nursing profession and cause harm to mother and child. Both are patients for whom nursing professes to advocate and protect. Rather than abandon patients to abortion, nursing should direct its efforts toward genuinely promoting the health and well-being of every patient, born and unborn.

We believe life begins at conception and an unborn child deserves all the rights set forth in the Constitution, including the right to life. Besides the loss of life of an unborn child, many women and men suffer significant emotional problems after an abortion.



*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American Samoa) Section*

TO: House Committee on Consumer Protection and Commerce
Representative Aaron Ling Johanson, Chair
Representative Lisa Kitagawa, Vice Chair

DATE: Wednesday, February 17, 2021

FROM: Hawai'i Section, ACOG
Dr. Reni Soon, MD, MPH, FACOG, Chair

**Re: HB 576_HD1 – Relating to Health Care
Position: SUPPORT**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician-gynecologist physicians in our state, and we support HB 576. Advanced practice clinicians, such as advance practice registered nurses (APRNs) and physician assistants (PAs) are integral to women's healthcare in Hawai'i. HB 576 will allow trained APRNs and PAs to provide aspiration abortions. This bill has several potential benefits for the women of Hawai'i:

- As the majority of aspiration abortions take place in the first trimester, this bill would significantly improve access to comprehensive reproductive care for women in Hawai'i.
- Many women routinely receive well-woman care from an APRN. This bill would give those women the option to maintain continuity of care for their aspiration abortions. This continuity may help women avoid the burden of travel and additional clinic appointments to see a physician for these same services.
- During the COVID-19 pandemic, the consequences of not having clinicians who provide abortions on each island is even more detrimental, as traveling to other islands for care puts patients at higher risk for COVID-19 exposure. By allowing APRNs and PAs to provide aspiration abortions, fewer patients may need to travel for care.

Not only have many of us worked with APRNs and PAs and can attest to their competency and skill, the safety of trained clinicians performing this procedure has been demonstrated.¹ This conclusion was recently confirmed by the National Academies of Sciences, Engineering, and Medicine, a non-partisan source that provides objective assessments of science and technology.²

After a successful multi-year pilot program, California passed a similar law, expanding first-trimester aspiration abortion provision to APRNs, PAs, and certified nurse-midwives.³ This expansion of the provider pool for aspiration abortions is supported by the national American College of Obstetricians and Gynecologists.⁴

HI ACOG supports evidence-based legislation such as HB 576 that would increase access to comprehensive women's healthcare. Thank you for the opportunity to testify.

¹ Weitz TA, Taylor D, Desai S, et al. Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. *Am J Public Health.* 2013;103(3):454-461.

² National Academies of Sciences, Engineering, and Medicine. (2018). *The Safety and Quality of Abortion Care in the United States.* Washington, DC: The National Academies Press. Retrieved 24 February 2019, from <https://www.nap.edu/24950>

³ California Business and Professions Code § 2725.4

⁴ Increasing Access to Abortion: ACOG Committee Opinion, Number 815. *Obstet Gynecol.* 2020 Dec;136(6):e107-e115.



Hawaii Women's Coalition

To: Hawai'i State House of Representatives Committee on Consumer Protection and Commerce
Hearing Date/Time: Wed., Feb. 17, 2021, 2:00 pm
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony of Hawai'i Women's Coalition in strong support of HB 576, HD1

Dear Chair Johanson and Members of the Committee,

The Hawai'i Women's Coalition writes in strong support of HB 576, HD1, which seeks to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

No patient should be forced to travel by boat or by plane to access basic reproductive health care, and that has never been truer than during the pandemic when travel is a public health risk. Paying for transportation and lodging to access abortion care is costly both for patients, providers, and the state, not to mention dangerous to public health.

To reduce costs and ensure patients can safely access health care, especially during COVID-19, qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early abortion care.

Limited access to abortion care during COVID-19 is unsafe, costly, and has a disproportionate impact on patients from neighbor islands.

Hawai'i's outdated law restricts the provision of early in-clinic abortion care to physicians. The limited availability of abortion physicians leads to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.

- People on Kaua'i, Moloka'i, and Lāna'i, and the west side of Hawai'i do not have access to a local care provider and are forced to travel long distances to access care, increasing costs for travel, lodging, and childcare. People on Maui only have access to a provider twice each month and the provider must fly from another island.
- COVID-19 has worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, expensive, and risky to viral spread.
- Travel to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, rural people, and young people.

Qualified licensed providers can safely provide abortion care.

Allowing qualified licensed providers, such as APRNs and PAs, to provide in-clinic abortion care would allow people to stay in their communities and receive high-quality care at lower costs and with fewer financial and logistical barriers.

- The science and research are clear: qualified licensed providers can provide early in-clinic abortion care to patients – studies find no difference in abortion safety when compared with physician care.
- Many health care organizations have confirmed that qualified licensed providers can safely provide abortion care, including American College of Obstetricians and Gynecologists, the World Health Organization, and the National Academies of Sciences, Engineering, and Medicine, among many others.
- States across the country – including California, Colorado, Illinois, Maine, Montana, New Hampshire, New York, Oregon, Vermont, Virginia, and Washington – allow certain qualified licensed providers to provide early in-clinic abortion care.

Thank you for your consideration and support for this important bill.

Sincerely,

Laurie Field
Hawai'i Women's Coalition Community Co-Chair



Date Submitted: February 15, 2021

Hearing Date: Wednesday, February 17, 2021
2:00am, Conference Room 329

To: COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Aaron Ling Johanson, Chair
Rep. Lisa Kitagawa, Vice Chair

From: Stacey Jimenez, Executive Director

Re: Comments relating to HB 576, HD1, Relating to Health Care

I would like to thank you for this opportunity to offer comments regarding HB 576. A Place for Women in Waipio opposes HB 576, HD1.

A Place for Women in Waipio is a pregnancy medical center that serves the community of Oahu. Though A Place for Women does not refer or perform abortions at our location, we do provide free, evidence-based pregnancy options education, onsite pregnancy testing, limited-obstetric ultrasounds as well as abortion recovery classes for women who have had an abortion and are having a difficult time coping.

Although we oppose abortion because we have seen the harm it does to women, we do recognize that it is legal in Hawaii. No matter our views on abortion, hopefully we can all agree that women in Hawaii deserve only the best medical care. We are concerned that HB 576, HD1 will be lowering the standard of care by allowing non-surgeons to perform surgery. Advanced practice registered nurses (APRN) and physician assistants (PA) do not have the same training as physicians and should not be allowed to perform aspiration abortions.

Some complications from aspiration abortion can be cervical lacerations, uterine perforation, bowel perforation and hemorrhaging. Who is going to handle these type of complications that arise if a mid-level provider is performing the procedure? Surgical decision making requires a high level of training and expertise that APRNs and PAs may not possess. It is the years of training that differentiate physicians from mid-level providers such as APRNs/PAs. Downgrading women's healthcare in Hawaii should not be allowed. It is important to keep a high standard to safeguard a woman's health and future reproduction. **Women deserve only the best standard of care and as government representatives, I hope you will stand up and protect women's health.**

In my years of experience talking with women in Hawaii who are dealing with unintended pregnancies, I have found that circumstances can be complicated and each woman has different needs. **Expanding abortion access may not be the need in this state that best serves women with unintended pregnancies.**

Will the state increase education and access to all other pregnancy options and needs of a woman experiencing an unexpected pregnancy? A majority of the women considering abortion that I assist decide on abortion for social/economic reasons - not because they want to terminate their child. I believe the state should take a wholistic approach when determining how to help these women/families. Complications from abortion can be different for each person. Physical complications are not the only things to consider when

discussing abortion. We have learned through our abortion recovery classes how women can be effected in the long-term after an abortion. We have seen that women suffer from emotional, relational and spiritual side effects that compound over time. We have found that it can take years for a woman to recover from these other types of “side-effects” from obtaining an abortion. **Wouldn't it better service women in these circumstances to address their real needs so that they can have hope for their future as well as their child's future?**

Before passing this bill, I would like to suggest the state obtain more data that would assist the legislature on determining how to best help the women in Hawaii dealing with an unexpected pregnancy. **Some points to explore: 1) Is abortion access an issue for a significant amount of the population? 2) What are the top reasons for women seeking abortion in Hawaii? 3) Would a woman in Hawaii choose abortion as her first option when facing an unplanned pregnancy if there were social programs to assist her specific needs?** Then based on the results determine how to best address each point.

At the last hearing a representative from Planned Parenthood said about 10% of their clients had access issues but was unable to tell the them how many people 10% represented. Will the state downgrade the healthcare of all women for a small portion of the population? Does the additional risk of non-physicians doing the work of doctors to 90% of the women seeking abortions outweigh the benefit to the few? Could that small percent be served in another way? There are doctors on all the islands. If the issue is that there are not enough doctors to perform abortions because they choose not to take a pre-born human life, **is there evidence that if APRNs/PAs are allowed to perform aspiration abortion that the perceived access problem will be solved?** Is there evidence to suggest that APRNs/PAs will be willing to perform a procedure that the majority of doctors are not willing to perform? Shouldn't it be determined if this bill will even solve the access issue before we allow mid-level healthcare workers to do the work of doctors?

Would it be a better use of tax dollars to support social/economic programs that may assist these women temporarily as they get on their feet and adjust to life with a child? **What if women said they do not really want an abortion and are only getting them because of economic reasons?** Would it better serve the women by offering better childcare programs, housing assistance, trade school options and parenting helps for a period of time to cover pregnancy and the first year of the child's life?

Is there equal tax dollars to educate and assist the woman or couple that decide to allow their child life either through parenting or adoption?

Regardless your opinion on abortion, downgrading a woman's quality of care is definitely not in their best interest. Protect the women of Hawaii. Please vote NO on HB 576, HD1.



Aloha Chair Johanson, Vice Chair Kitagawa and Members,

STRONG SUPPORT FOR HB576 that would authorize licensed physician assistants and advanced practice registered nurses to perform aspiration abortions. Effective 7/1/2060.

No patient should be forced to travel by boat or by plane to access basic reproductive health care, and that has never been truer than during the pandemic when travel is a public health risk. Paying for transportation and lodging to access abortion care is costly both for patients, providers, and the state, not to mention dangerous to public health. Current statute that restricts the provision of early in-clinic abortion care to physicians puts grave hardships on women on neighbor islands.

People on Kaua'i, Moloka'i, and Lāna'i, and the west side of Hawai'i do not have access to a local care provider and are forced to travel long distances, often by air, to access care, increasing costs for travel, lodging, and childcare. People on Maui only have access to a provider twice each month and the provider must fly from another island.

Allowing qualified licensed providers, such as APRNs and PAs, to provide in-clinic abortion care would allow people to stay in their communities and receive high-quality care at lower costs and with fewer financial and logistical barriers. Currently, California, Colorado, Illinois, Maine, Montana, New Hampshire, New York, Oregon, Vermont, Virginia, and Washington – allow certain qualified licensed providers to provide early in-clinic abortion care.

Please pass this bill,

Mahalo,

Ann S. Freed

For

Democratic Party of Hawai'i Women's Caucus



Hawaii Women's Coalition

Date: February 14, 2021

To: House Committee on Consumer Protection and Commerce Chair Aaron Johanson, Vice Chair Kitagawa and committee members

From: Amy Monk, Hawaii Women's Coalition member

Subject: Support for HB 576 HD1 Relating the Healthcare

Thank you for allowing this testimony in SUPPORT of HB576 HD1

Hawaii's response to the COVID-19 pandemic, has taught us that travel limitations and quarantine requirements make it difficult, if not impossible for patients and health care providers to travel to another island for reproductive health care.

To reduce costs and ensure patients can safely access health care on every island, qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early abortion care.

Abortion care during COVID-19 has a disproportionate impact on patients from neighbor islands. People on Kaua'i, Moloka'i, and Lāna'i, and the West Hawai'i do not have a local care provider and must to travel long distances to access care and incur travel, lodging, and childcare expenses. People on Maui only have access to a provider twice each month and the provider must fly from another island. Remembering that abortion care is very time sensitive and must be done promptly.

Travel to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, rural people, and young people.

Hawai'i's outdated law restricts the provision of early in-clinic abortion care to physicians, though studies and the experience of other states prove that trained clinicians can provide abortion care with the same efficacy as doctors.* States including California, Colorado, Illinois, Maine, Montana, New Hampshire, New York, Oregon, Vermont, Virginia, and Washington – allow certain qualified licensed providers to provide early in-clinic abortion care.

Allowing qualified licensed providers, such as APRNs and PAs, to provide in-clinic abortion care would allow people to stay in their communities and receive earlier, high-quality care at lower costs and with fewer financial and logistical barriers.

The Hawai'i Women's Coalition urges the passage of the Equal Access Act (HB 576/SB 624) to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

*Sharmani Bardnard et al., Doctors or Mid-Level Providers for Abortion 1 (2015), <https://www.ncbi.nlm.nih.gov/pubmed/>

Representative Aaron Johanson, Chair
Representative Lisa Kitagawa, Vice-Chair
House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Lanelle Hogan and I am testifying in support for HB 576.

As a public health student at Hawaii Pacific University I have realized the number of barriers women endure when seeking reproductive health care in Hawaii. The majority of abortion clinicians are located on Oahu, this forces both doctors and patients to fly out for appointments, putting them at risk of being exposed or possibly spreading covid.

Imagine being a young teen that lives on Kauai, who just found out she is pregnant with an unplanned pregnancy. Then imagine being in her shoes when the doctor tells her that in order to get an abortion she would have no other option, but to fly to Oahu to get the care she needs. And depending on her insurance, if she has insurance- most providers will only cover a flight for the patient only, and would not cover lodging or food costs. As a young adult myself, I couldn't imagine being forced to fly in a pandemic, by myself and without a support system just to get the health care that I need. Thank you for the opportunity to testify in support for this bill,

**Lanelle Hogan
Lhogan1@my.hpu.edu
96813**

Statement Before The
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Wednesday, February 17, 202

2:00 PM

Via Videoconference; Conference Room 329

in consideration of
HB 576, 1D1
RELATING TO HEALTH CARE.Chair JOHANSON, Vice Chair KITAGAWA, and Members of the
House Consumer Protection & Commerce Committee

Common Cause Hawaii provides comments in support of HB 576, HD1, which authorizes licensed physician assistants and advanced practice registered nurses to perform aspiration abortions.

Common Cause Hawaii is a nonprofit, nonpartisan, grassroots organization dedicated to strengthening democracy.

Currently, there is a shortage of physicians on all islands, which has been exacerbated by the COVID-19 pandemic. See <https://www.khon2.com/coronavirus/hawaiis-doctor-shortage-has-worsened-after-covid-19-pandemic/>. HB 576, HD 1 will provide people with safe and necessary access to abortion care. This will mean security and stability for families, communities, and our state as a whole. Common Cause Hawaii understands that when the people of Hawaii have access, without discrimination, to the full range of reproductive health care services, including abortion care, under law and without excessive restrictions, this will have the effect of a healthy, vibrant democracy.

Thank you for the opportunity to comment in support of HB 576, HD1. If you have further questions of me, please contact me at sma@commoncause.org.

Very respectfully yours,

Sandy Ma
Executive Director, Common Cause Hawaii



WENDY HUDSON • ATTORNEY AT LAW
44 N. MARKET STREET, WAILUKU, HI 96793
PH. 808-242-1999 • FAX 808-244-5698
WENDYHUDSONLAW@GMAIL.COM
WENDYHUDSONLAW.COM

February 16, 2021

Dear Representatives:

I'm a criminal defense attorney, living and working on Maui.

Living on a neighbor island shouldn't prevent access to healthcare. I've worked with the indigent during my entire career and this is just one more example of the systemic inequities and barriers that exist for them.

Right now, patients on Kaua'i, Moloka'i, Lana'i, and West Hawai'i must travel to access an abortion care provider. And even on Maui, abortion is only available because doctors fly in from Oahu.

Please pass HB 576 so that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

Very truly yours,

/s/ Wendy A. Hudson

Wendy A. Hudson



**Written Testimony Presented Before the
COMMITTEE ON CONSUMER PROTECTION & COMMERCE**

DATE: Wednesday, February 17, 2021

TIME: 2:00 PM

PLACE: VIA VIDEOCONFERENCE

By

**Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

Comments on HB 576, HD1

Chair Johanson, Vice Chair Kitagawa, and members of the House Committee on Consumer Protection & Commerce, thank you for the opportunity for the Hawai'i State Center for Nursing to provide Comments on Section 2 and 4 as they relate to nurses. This bill, if enacted, authorizes advanced practice registered nurses (APRNs) to perform aspiration abortions.

The number of Advanced Practice Registered Nurses are Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Clinical Registered Nurse Anesthetists more than doubled in Hawai'i between 2005 and 2017, with continued growth since that period. At this time, there are nearly 1,300 licensed APRNs residing in Hawai'i. For the purposes of this measure, the APRNs most likely to engage in women's health care include Nurse Practitioners, Clinical Nurse Specialists, and Certified Nurse Midwives; these categories make up 93% of the state's APRN workforce (Hawai'i State Center for Nursing, 2019).

APRNs are noted in national research to be more likely to provide care to underserved people and communities including rural areas, urban areas, to women, and to Medicaid recipients or uninsured people (Buerhaus et al., 2014). Currently there are practicing APRNs in all regions of Hawai'i. More than 25% of Hawai'i's APRNs are working in rural areas (Hawai'i State Center for Nursing, 2017). Further, the majority of APRNs working in the Counties of Hawai'i, Maui, and Kaua'i work in federally designated medically underserved areas.

The Center offers the following information for your committee's review. California, Colorado, Illinois, Maine, Montana, New Hampshire, New York, Oregon, Vermont, Virginia, Washington, and West Virginia have laws or rules which enables providers, including APRNs, to perform abortions (review of state laws).

Hawai'i adopted the national best practices for APRN scope of practice, the APRN Consensus Model. This Model states that licensure, accreditation, and certification combined provide

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

guidance on an APRN's scope of practice. In accordance with their license, accreditation, certification, and education, Chapter 89 – Nurses of the Hawai'i Administrative Rules (HAR) states that APRNs may order, interpret, or perform diagnostic, screening, and therapeutic examinations, tests, and procedures (HAR 16-89-81 Practice Specialties). In addition, APRNs must adhere to professional conduct as defined in HAR Chapter 89 – Nurses which prohibits nurses from performing nursing techniques or procedures without proper education and training (HAR 16-89-60 Types of Unprofessional Conduct) (6)(E). These requirements create a safe practice environment with clear standards to ensure high quality and safe care.

Therefore, the current scope of practice permits APRNs to perform procedures not otherwise restricted by state law or rule and requires APRNs to perform only those procedures for which they have received proper education and training. Further, there are legal and professional standards in place to ensure all providers, including APRNs, must demonstrate education, training, and competency prior to performing any skill or procedure on a person during patient care.

Additionally, a key characteristic of the APRN Consensus Model is based on regulation and scope of practice for healthcare professionals principles including:

1. “regulation — public protection — should have top priority in scope of practice decisions, rather than professional self-interest;
2. changes in scope of practice are inherent in our current healthcare system;
3. collaboration between healthcare providers should be the professional norm
4. overlap among professions is necessary; and
5. practice acts should require licensees to demonstrate that they have the requisite training and competence to provide a service” (NCSBN.org, 2012)

Applying these principles, the APRN Consensus Model established clarity for the regulation of nursing under the exclusive licensure authority of the state board of nursing. Further, this model is also recommended by the National Academy of Medicine (formerly Institute of Medicine) and National Council of State Boards of Nursing. Establishing guidance for nurses within Chapter 457, the nurse practice act, will reinforce the principles and clarity achieved in 2014.

Thank you for the opportunity to provide written comments related to nurses as referenced in this measure.

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

HB-576-HD-1

Submitted on: 2/16/2021 10:03:15 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Ing	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

I am an obstetrician/gynecologist in Honolulu, and I am writing today in strong support of HB 576. This bill would increase access to basic healthcare by allowing advanced practice registered nurses (APRNs) and physicians assistants (PAs) to perform aspiration abortions.

Time and time again, I've seen patients that have to travel back and forth from their home island to Oahu to receive basic medical care due to specialists not being available, or the patient needing a higher acuity level of care that hospitals there can't provide. This barrier to care has been increased due to the current pandemic and travel precautions and restrictions. It has been hard, but this has made it harder for women to seek abortion care in a timely manner. By allowing APRNs and PAs to provide basic aspiration abortions, this would save many women the stress and difficulty of travel during what might be an already difficult time in their lives. These types of abortions do not need to be done by MD specialists and can safely be done with mid-level providers that have been trained to perform such procedures. Many women have jobs or families that make it harder for them to seek care on Oahu or try to squeeze in an appt when our providers are able to go to the neighbor islands, so providing this kind of care on their own island can be life saving.

In summary, I strongly support HB 576 to allow APRNs and PAs to perform aspiration abortions in order to expand and provide excellent medical care to all patients of this state.

Thank you for the opportunity to testify in support for this bill,

Lauren Ing, MD

96813



Hawai'i

Committee: Committee on Consumer Protection & Commerce
Hearing Date/Time: Wednesday, February 17, 2021, 2:00P.M.
Place: Via videoconference
Re: Testimony of the ACLU of Hawai'i in Support of H.B. 576, H.D. 1, Relating to Health Care

Dear Chair Johanson, Vice Chair Kitagawa and Members of the Committee on Consumer Protection & Commerce:

The American Civil Liberties Union of Hawai'i ("ACLU of Hawai'i") writes **in support of HB 576, H.D. 1**, which removes the physician-only barrier in Hawaii's abortion statute and allows qualified licensed health care providers including physician assistants (PAs) and advanced practice registered nurses (APRNs) to provide early in-clinic abortion care.

Hawaii's current law requiring early in-clinic abortions to be provided by a physician places significant — sometimes, insurmountable — barriers in the path of those who wish to terminate their pregnancy. The American Public Health Association (APHA) condemns physician-only laws as “ideologically based statutes [that] contradict evidence” because qualified licensed providers' roles and experiences already “includes management of conditions and procedures significantly more complex than...[in-clinic] abortion.”¹ Because this law imposes serious and significant burdens on abortion access and unjustifiably singles out qualified licensed health providers who wish to provide abortion care for differential and unfavorable treatment, it raises serious constitutional questions under Hawaii's own state constitution,² and renders the state vulnerable to constitutional challenges.

This limit on who may perform abortion procedures is a burden in and of itself, but is exacerbated by Hawaii's current physician shortage and its geography as an island state. Currently, people on Kauai, Molokai, Lanai, and the West side of Hawai'i do not have access to

¹ American Public Health Association, *Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants*, Policy No. 20112 (2011), <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants>.

² See, e.g., Haw. Const. art. I, § 6 (right to privacy); Haw. Const. art. I, § 5 (right to equal protection)

American Civil Liberties Union of Hawai'i
P.O. Box 3410
Honolulu, Hawai'i 96801
T: 808.522-5900
F: 808.522-5909
E: office@acluHawai'i.org
www.acluHawai'i.org

a local provider, forcing many to fly to another island to seek care. In addition to incurring the high cost of interisland travel, a person may also need to take time off from work, arrange childcare, and book lodging just to see their provider. In 2018, more than ten percent of Planned Parenthood’s abortion patients in Hawai‘i had to travel between islands to obtain care. COVID-19 has worsened these financial and logistical barriers to care, and has made travel to access abortion care more difficult, expensive, and dangerous given the potential for COVID-19 exposure. Moreover, all of these harms have a disproportionate impact on individuals who already face systemic barriers to care, Black, Indigenous, and people and people of color, people with low incomes, survivors of intimate partner violence, young people, and people who live in geographically isolated areas.

The evidence clearly shows that APRNs and PAs can safely provide abortion care,³ and can do so outside of a hospital setting. Hawaii’s physician-only abortion requirement thus provides no health or medical benefit to pregnant people and yet imposes serious barriers on their access to abortion care, a constitutionally protected, fundamental right.

Indeed, Hawaii’s Constitution recognizes the right to privacy, which includes the right to make personal decisions about procreation,⁴ and mandates that this right not being infringed without the showing of a compelling state interest.⁵ Because Hawaii’s physician-only abortion requirement imposes significant and, for some, insurmountable burdens on access to abortion care without serving any health or safety related interest or any asserted compelling state interest, **we believe that Hawaii’s law does not survive this test and violates state and federal law.** Accordingly, failure to pass this measure risks exposing the state to potential litigation similar to a lawsuit that was brought in Maine but was ultimately resolved by the enactment of legislation similar to H.B. 576.⁶

³ Nat’l Academies of Sciences, Eng’g, & Med., *The Safety and Quality of Abortion Care in the United States (Abortion Care)* 159 (2018).

⁴ See, e.g., *State v. Mueller*, 66 Haw. 616, 627, 671 P.2d 1351, 1359 (1983) (citing *Roe v. Wade*, 410 U.S. 113, 152-53 (1973)).

⁵ Haw. Const. art. I, § 6.

⁶ *Jenkins v. Lynch*, Case No. 2:17-cv-00366-NT, (D. Me.) (filed September 20, 2017); Jacey Fortin, “Maine Abortion Law Lets Nurse Practitioners and Others Perform Procedure, New York Times, June 10, 2019, <https://www.nytimes.com/2019/06/10/us/maine-abortion-bill.html>.

ACLU of Hawai'i testimony in support of H.B. 576, H.D. 1
February 17, 2021
Page 3 of 3

Hawai'i has long stood as a leader in reproductive freedom, as many states continue to battle aggressive, well-organized efforts to shutter their remaining clinics. We must continue to lead by passing H.B. 576 and removing this outdated, unnecessary, and harmful barrier to care.

For the above reasons, we respectfully request the Committee to pass this measure. Thank you for the opportunity to testify.

Sincerely,

Wookie Kim
Legal Director
ACLU of Hawai'i

The mission of the ACLU of Hawai'i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai'i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai'i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai'i has been serving Hawai'i for over 50 years.

American Civil Liberties Union of Hawai'i
P.O. Box 3410
Honolulu, Hawai'i 96801
T: 808.522-5900
F: 808.522-5909
E: office@acluHawai'i.org
www.acluHawai'i.org



Submitted Online: February 14, 2021

Hearing: Wednesday, February 17, 2021

TO: Committee on Consumer Protection & Commerce
Rep. Aaron Ling Johanson, Chair
Rep. Lisa Kitagawa, Vice-Chair

FROM: Eva Andrade, President

RE: Opposition to HB576 HD1 Relating to Healthcare

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. Our organization has long opposed abortion in any form and of course will continue to oppose any expansion to the law. We oppose HB 576 HD1 which authorizes licensed physician assistants and advance practice registered nurses to perform certain abortions.

Regulations on access to abortions are necessary to protect the health and life of women who do choose to have an abortion and, to whatever extent possible, reduce the number of women who make such a choice. No matter what side of the debate you are on, everyone should appreciate this extra layer of protection. We strongly believe that allowing medical providers who do not have the same extensive training as medical doctors perform this procedure will undermine the safety of women in our state. In fact, the American Association of Pro-Life Obstetricians and Gynecologists is opposed to this expansion.ⁱ

Finding any true statistics on complications of abortion (including death) is already virtually impossible because according to the national Centers for Disease Control (CDC) “states and areas voluntarily report data to CDC for inclusion in its annual Abortion Surveillance Report. CDC’s Division of Reproductive Health prepares surveillance reports as data become available. There is no national requirement for data submission or reporting.”ⁱⁱ (Emphasis mine.)

There are some states that have debated restrictions on abortion including hospital admitting privileges, bans on abortion at 20 weeks, bans on tele-medicine and webcast chemical abortion and abortion clinic health regulations. Instead of focusing only on the access to abortion, we should support increased funding awareness for all the issues that come from an unintended pregnancy: abstinence education, heightening awareness about adoption, supporting counseling services for women with unwanted pregnancies and establishing parental notification.

We believe that maintaining current law that restricts any health care provider other than physicians from providing aspiration abortion care is the only real way to ensure women’s health and safety.

Mahalo for the opportunity to submit testimony.

ⁱ <https://aaplog.org/wp-content/uploads/2019/12/FINAL-Policy-Statement-Non-Physician-Abortion-Providers.pdf> (accessed 02/03/21)

ⁱⁱ https://www.cdc.gov/reproductivehealth/data_stats/abortion.htm (accessed 02/03/21)



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

TO: House Committee on Consumer Protection & Commerce
Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair

DATE: Wednesday, February 17, 2021, 2:00 PM

PLACE: Hawaii State Capitol, Conference Room 329 via Videoconference

FROM: Maternal and Infant Health Collaborative

Re: HB 576 HD 1 – Relating to Health Care
Position: STRONG SUPPORT WITH AMENDMENTS

Dear Chair Johanson, Vice Chair Kitagawa, and Members of the Committee,

Hawaii Maternal and Infant Health Collaborative, founded in 2013, is a public private partnership committed to improving birth outcomes, reducing infant mortality, and achieving reproductive justice. Sister Song, a national multi-ethnic reproductive justice movement defines reproductive justice as, “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”¹ Reproductive justice was born out of the need for representation of the rights and needs of marginalized communities such as indigenous women, women of color, and trans and queer people in the women’s rights movement.¹ Reproductive justice is about access, not choice.¹ Legalized abortion does not necessarily mean access, which we see in our island state with the lack of abortion services available on our neighbor islands as well as in rural areas of O’ahu. People seeking abortion services on islands like Kaua’i, Moloka’i, and Lāna’i, must travel long distances to access care, which increases costs for travel, lodging, childcare, and missed time from work. In addition, people needing abortion services on Maui must wait for the two times a month that providers travel there to provide services, and people living in west Hawai’i must travel to Hilo, where abortion services are available. Having to travel far, make arrangements for childcare, and miss work to access reproductive health services, including abortion, creates undue burden and further marginalizes people who already face systemic barriers to care such as, indigenous people, people of color, people with low incomes, survivors of intimate partner violence, people who live in rural communities, and young people. This lack of access to care is unsustainable, inequitable, and does not work towards achieving reproductive justice.

The World Health Organization supports abortion care by advanced practice clinicians (APCs) such as Certified Nurse Midwives, Nurse Practitioners, and Physician Assistants, as evidence show that first trimester abortions performed by APCs are just as safe as those provided by physicians.^{2,3} In addition, APCs are more likely to care for underserved populations in rural areas, which makes them critical players in expanding health care services.^{2,4} Nine states across the US

(California, Colorado, Connecticut, Montana, New Hampshire, Oregon, Rhode Island, Vermont, and West Virginia), including the District of Columbia, have no criminal laws or regulations restricting first-trimester abortions to physicians only.^{2,3} Establishing APCs as abortion care providers facilitates earlier diagnosis and termination of unintended pregnancies, facilitates continuity of care, and increases the health and well-being of people in Hawai'i.^{2,5}

APRN's and PA's have been utilized by patients to perform aspiration abortion procedures in hospitals, clinics, and physician office settings. A 5-year study with 8,000 patients evaluating early in-clinic abortion care found comparable rates of safety, effectiveness, and acceptability compared to care with physicians.⁶ Aspiration abortion is incredibly safe and major complications requiring hospitalization as a result of the procedure are extremely rare. Additionally, scientific literature concludes that the safety of abortion care provided in an office setting is equivalent to the safety of abortion care provided in a hospital setting.⁷ Therefore, ensuring both APRN's and PA's are able to provide aspiration abortion in all settings (hospitals, clinics, and physician offices) is essential to increasing access to safe and effective health care for all people across the state of Hawai'i.

House Bill 576 HD 1 resonates strongly with the Hawai'i Maternal and Infant Health Collaborative and we strongly support the passing of this Bill.

Founded in 2013, the Hawai'i Maternal and Infant Health Collaborative (Collaborative) is a public private partnership committed to improving birth outcomes and reducing infant mortality in Hawai'i. We are focused on health in the first year of life and want children to have the best start in life. The health of a mother strongly impacts the health and wellbeing of her children and family. We believe Senate Bill 2429 SD 2 will improve the health of mothers thereby optimizing the wellbeing of families in Hawai'i. The Collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy with help from the Department of Health and National Governors' Association. The [Action Strategy](#) provides Hawai'i with a roadmap for an integrated and comprehensive early childhood system, spanning preconception to the transition to Kindergarten. The Collaborative helps advance goals within the Action Strategy by focusing on ensuring that children have the best start in life by being welcomed and healthy. The Collaborative has completed a strategic plan and accompanying Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality. To date over 150 people across Hawai'i have been involved in the Collaborative. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators. The work is divided into three primary areas, preconception, pregnancy and delivery, and the first year of life, and coordinated by a cross sector leadership team. ¹Work is specific, outcome driven, informed by data and primarily accomplished in small work groups.

Thank you for the opportunity to testify.

¹Sister Song. Reproductive Justice [Internet]. Sister Song. n.d. [cited 2019 Nov 14]. Available from: <https://www.sistersong.net/reproductive-justice>

²Moayed G. & Davis, CMA. Equitable Access to Abortion Care in Hawai'i: Identifying Gaps and Solutions. Hawai'i Journal of Medicine and Public Health. 2018; 77(7): 169-172.

³SafetyandacceptabilityofNPs,CNMs,andPASasabortionproviders.ANSIRH.https://www.ansirh.org/sites/default/files/publications/files/safety_of_nps_cnms_and_pas_as_abortion_providers.pdf. Published June 2017. Accessed February 3, 2021.

⁴Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants>. Accessed February 3, 2021.

⁵Advancing Scope of Practice for Advanced Practice Clinicians: More Than a Matter of Access. <http://www.arhp.org/Publications-and-Resources/Contraception-Journal/August-2009>. Accessed February 3, 2021.

⁶The Safety and Quality of Abortion Care in the United States, *National Academies of Sciences, Engineering, and Medicine* (2018). https://www.ncbi.nlm.nih.gov/books/NBK507232/#sec_000082

⁷White, K., Carroll, E., & Grossman, D. Complications from first-trimester aspiration abortion: A systematic review of the literature. *Contraception*, 92(5), 422-438 9 (2015, November) (in a review of over 11,000 scientific articles on aspiration abortion, researchers found the number of major complications were similar for office-based settings and hospital-based settings).



Planned Parenthood Votes Northwest and Hawai'i

To: Hawai'i State House of Representatives Consumer Protection & Commerce Committee
Hearing Date/Time: Wed., Feb. 17th, 2:00 PM
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony of Planned Parenthood Votes Northwest and Hawai'i in strong support of HB 576, HD1

Dear Chair Johanson and Members of the Committee,

Planned Parenthood Votes Northwest and Hawai'i ("PPVNH") writes in strong support of HB 576, HD1, which seeks to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live. Planned Parenthood Votes Northwest and Hawai'i also submits this testimony on behalf of 180 individuals who signed a petition in support of HB 576 (see p. 5-9).

The COVID-19 pandemic has brought into focus the barriers patients and providers have long faced in accessing and providing abortion care. No patient should ever be forced to travel by between islands to access basic reproductive health care, and that has never been truer than during the pandemic when travel is a public health risk. Paying for transportation and lodging to access abortion care is unnecessarily and sometimes prohibitively costly for patients, providers, and the state, and travel overall is dangerous to public health during the pandemic. To reduce costs and ensure patients can safely access health care in their own communities, qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early in-clinic abortion care.

Limited access to abortion care, especially during COVID-19, is unsafe, costly, and has a disproportionate impact on people from neighbor islands.

Hawai'i's outdated law restricts the provision of early in-clinic abortion care only to physicians. This burdensome and medically unnecessary restriction limits the availability of abortion providers, leading to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.

While Hawai'i faces a physician shortage that leads to this inequitable access to abortion care, advanced clinicians like APRNs and PAs are more available throughout our islands and can help fill this gap. HB 576 would help address this provider shortage and prevent the spread of COVID-19 by allowing people to seek abortion care from their preferred medical provider in their own community. People on Kaua'i, Moloka'i, and Lāna'i, and the west side of Hawai'i do not currently have access to a local care provider and are forced to travel long distances to access care, increasing costs for travel, lodging, and childcare. Additionally, people on Maui only have access to a provider twice each month and the provider must fly in from another island. On Hawaii island, abortion care is only available on Hilo. This limited availability of care is unsustainable and inequitable, especially during and in the wake of a pandemic.

Being forced to travel, particularly by air or by boat, to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, people who live in rural communities, and young people. Islands without access to an abortion provider – like Kaua'i and Moloka'i – have large Native Hawaiian and Pacific Islander communities who already face myriad barriers accessing health care and getting quality care, in part as a

consequence of systemic racism amid a public health crisis. The physician-only restriction perpetuates this inequitable system by disproportionately forcing Indigenous communities and communities of color to travel for care and shoulder the burden of Hawai'i's abortion provider shortage. Moreover, COVID-19 has worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, at times impossible, expensive, and risky to viral spread.

APRNs and PAs can safely and effectively provide abortion care

Aspiration abortion is an incredibly safe procedure that can effectively be performed in health clinics or office settings. Abortion, including aspiration abortion, is one of the safest medical procedures in the United States, and the risk of major complications that require hospitalization is exceptionally rare.¹ Major complications from abortion are rare, occurring less than a quarter of one percent of procedures. This is about the same frequency of complications as for colonoscopies and less frequent than complications for wisdom tooth removal and tonsillectomy.² Additionally, aspiration abortion can be safely performed in an office or clinic setting; scientific literature concludes that the safety of abortion care provided in an office setting is equivalent to the safety of abortion care provided in a hospital setting.³ For example, in a systematic literature review of over 11,000 scientific articles on aspiration abortion care, researchers found that medical complications from aspiration abortion were so low that this procedure could safely be provided in an office setting, and that when complications did occur in office settings, they were effectively managed at the clinic.⁴

Numerous studies have found no difference in abortion safety when performed by qualified licensed providers – such as APRNs and PAs – rather than a physician.⁵ For example, a multi-year study conducted by the University of California San Francisco's Bixby Center for Global Reproductive Health evaluated nurse practitioners, certified nurse midwives, and physician assistants providing early in-clinic abortion care. Over the five-year study, almost 8,000 patients received care from a qualified licensed provider, including at health centers and clinics, and the study found comparable rates of safety, effectiveness, and acceptability when compared to care from a physician.⁶ Qualified licensed provider care is also welcomed by patients: in a study evaluating patient experience after accessing abortion care, patients demonstrated a high level of satisfaction overall when they received their abortion care from a nurse practitioner, a certified nurse midwife, or a physician assistant.⁷

¹ The Safety and Quality of Abortion Care in the United States, *National Academies of Sciences, Engineering, and Medicine* (2018). https://www.ncbi.nlm.nih.gov/books/NBK507232/#sec_000082

² Groundbreaking research proves that abortion is an extremely safe procedure, *Bixby Center for Global Reproductive Health* (2019). <https://bixbycenter.ucsf.edu/news/groundbreaking-research-proves-abortion-extremely-safe-procedure>; See also Raymond, E.G., et al., Mortality of induced abortion, other outpatient surgical procedures and common activities in the United States. *Contraception*, 2014. 90(5): p. 476-9

³ White, K., Carroll, E., & Grossman, D. Complications from first-trimester aspiration abortion: A systematic review of the literature. *Contraception*, 92(5), 422–438 9 (2015, November) (in a review of over 11,000 scientific articles on aspiration abortion, researchers found the number of major complications were similar for office-based settings and hospital-based settings).

⁴ White, K., Carroll, E., & Grossman, D. Complications from first-trimester aspiration abortion: A systematic review of the literature. *Contraception*, 92(5), 422–438 9 (2015, November)

⁵ Weitz, T. et al. (2013). Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. *American Journal Public Health*, 103(3): 454-461. Retrieved 7 November 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673521/> (concluding that complications from abortion were rare whether performed by an nurse practitioner, certified nurse midwife, a physician assistant, or a physician, with no clinically significant difference in complication rates based on who performed the abortion); Kallner, K. et al. (2015). The efficacy, safety and acceptability of medical termination of pregnancy provided by standard care by doctors or by nurse-midwives: a randomized controlled equivalence trial. *BJOG*, 122(4): 510-517. Retrieved 7 November 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/25040643> (finding that the effectiveness of provision of in-clinic abortion care by nurse-midwife providers was superior to that provided by doctors and some patients responded they would prefer to see a nurse-midwife); Freedman, M., Jillson, D., Coffin, R., & Novick, L. (1986). Comparison of complication rates in first trimester abortions performed by physician assistants and physicians. *American Journal of Public Health*, 76(5): 550-554. Retrieved 7 November 2019, from <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.76.5.550> (finding that in-clinic abortion care provided by physician assistance were comparable in safety and efficacy to those provided by physicians). See generally Barnard, S., Kim, C., & Park, M.H. (2015). Doctors or mid-level providers for abortion. *Cochrane Database of Systematic Reviews*, 7: 1-39. Retrieved 7 November 2019, from <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011242.pub2/epdf/full>.

⁶ Weitz, T. et al. (2013). Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. *American Journal Public Health*, 103(3): 454-461. Retrieved 7 November 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673521/>

⁷ Taylor, D. et al. (2013). Multiple determinants of the abortion care experience: from the patient's perspective. *American Journal of Medical Quality*, 28(6): 510-518. Retrieved 7 November 2019, from <https://journals.sagepub.com/doi/abs/10.1177/1062860613484295>

Medical experts support removing restrictions on qualified licensed providers. Many health care and professional organizations have confirmed that qualified licensed providers can safely and effectively provide abortion care, including the American College of Obstetricians and Gynecologists (ACOG), the American Public Health Association, the World Health Organization, the American Academy of Physician Assistants, and the National Abortion Federation, among others.⁸ Additionally, in a 2018 review, the National Academies of Sciences, Engineering, and Medicine concluded that qualified licensed providers are equally capable of providing safe and effective abortion care as physicians.⁹ Experts agree: restricting qualified providers from providing abortion care confers no medical benefit and instead harms patients by limiting access to care.¹⁰

Qualified licensed providers are also more available throughout Hawai‘i than physicians, so if qualified licensed providers could provide abortion, fewer people in Hawai‘i would have to travel long distances to receive care.¹¹ Hawai‘i has already seen the benefit of allowing qualified licensed providers perform a wide range of health care services, with both APRNs’ and PAs’ roles expanding dramatically in Hawai‘i. Hawai‘i has consistently expanded what services APRNs and PAs can provide. For example, between 2009 and 2018, Hawai‘i’s legislature passed 22 laws improving the scope of practice for APRNs.¹² Similarly, the legislature last year recognized that PAs can effectively perform their extensive duties with reduced supervision.¹³ APRNs are recognized in state policy as primary care providers: they are permitted to evaluate patients, order and interpret diagnostic tests, and prescribe treatments and medications. They already provide a wide range of services, from administering anesthesia during surgeries to managing chronic conditions like hypertension and diabetes to providing gynecologic care and family planning services.¹⁴

APRNs and PAs in Hawai‘i also already provide a wide range of reproductive health services. For example, APRNs can prescribe medication abortion and they provide many procedures that are similar to or more complicated than abortion, such as intrauterine device (IUD) insertion and endometrial biopsy.¹⁵ The American Public Health Association (APHA) condemns physician-only laws as “ideologically based statutes [that] contradict evidence” because qualified licensed providers’ roles and experiences already “includes management of conditions and procedures significantly more complex than...[in-clinic] abortion.”

Given that many people in Hawai‘i routinely receive care from qualified licensed providers, HB 576 would help maintain continuity of care with a single provider. People seeking an abortion should be able to seek care from a provider they trust who builds on-going relationships with patients and is an established abortion care provider. Having community-based providers that patients trust is particularly important for communities who have experienced a history of racism and oppression from the health care system and

⁸ Berer, M. (2009). Provision of abortion by mid-level providers: international policy, practice and perspectives. *Bulletin World Health Organization*, 87(1): 58-63. Retrieved 7 November 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2649591/>

⁹ National Academies of Sciences, Engineering, and Medicine. (2018). *The Safety and Quality of Abortion Care in the United States*. Retrieved 7 November 2019, from <https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states>

¹⁰ National Academies of Sciences, Engineering, and Medicine. (2018). *The Safety and Quality of Abortion Care in the United States* (p. 159). Retrieved 7 November 2019, from <https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states>

¹¹ Hawaii State Center for Nursing, 2019 Nursing Workforce Supply Report (2019). <https://www.hawaii-center-for-nursing.org/wp-content/uploads/2019/12/2019-Nursing-Workforce-Supply-Report-vFinal.pdf> (Hawaii now has 82% more APRNs than we did 10 years ago). In 2019, experts estimated that Hawai‘i was short 800 physicians and with the COVID-19 pandemic, the remaining physicians are less able to provide routine or preventive care. Kristen Consillio, *Health Care Shortage Leaves Hawaii Hurting* (August 30, 2019), <https://www.staradvertiser.com/2019/08/30/hawaii-news/health-care-shortage-leaves-hawaii-hurting/>

¹² Hawaii State Center for Nursing, *Hawaii Advanced Practice Registered Nurse Legislative & Practice History* (2019) <https://www.hawaii-center-for-nursing.org/wp-content/uploads/2019/01/Mod-HI-APRN-History-Removing-Barriers-to-Practice-1.07.2019.pdf>

¹³ Relating to Health, S.B. 1406, S.D. 1, H.D. 2, Thirtieth Legislature (2019), https://www.capitol.hawaii.gov/session2019/bills/SB1406_HD2_.pdf

¹⁴ Hawaii State Center for Nursing. *What Is an APRN* (2019). [://www.hawaii-center-for-nursing.org/wp-content/uploads/2017/08/APRN-Roles-FINAL-071217.pdf](https://www.hawaii-center-for-nursing.org/wp-content/uploads/2017/08/APRN-Roles-FINAL-071217.pdf); Hawaii State Center for Nursing, *Thank You for Your Support Factsheet* (2018). <https://www.hawaii-center-for-nursing.org/wp-content/uploads/2018/03/APRN-Thank-You-Legislators-FINAL-121117.pdf>

¹⁵ American Public Health Association. *Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants (Policy Number 20112)* (2011). <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants>

report a distrust of the medical providers, such as immigrants, Pacific Islanders, including Native Hawaiians, and other communities of color. Allowing APRNs and PAs to provide early in-clinic abortion would help people receive highly personal care from a provider they know and trust.

Lifting this unnecessary and burdensome restriction will save money for the state and for Hawai‘i families

Hawai‘i is facing a massive budget deficit and must invest in legislation proven to be cost-effective. With more providers available in patients’ communities, there would be fewer travel and lodging expenses that the state cover under MedQuest and that patients would pay for out-of-pocket. Plus, the cost of abortion care increases with the number of weeks of pregnancy; improved access to providers of early abortion care reduces delays and thus reduces costs for patients, insurers, and the state. Meaningful, equitable access to abortion care also limits costs associated with unintended pregnancy in Hawai‘i, which is critical given the state’s budget deficit.

A growing number of states recognize that qualified licensed providers can safely and effectively provide abortion and have are increasingly allowing these providers to provide both medication and in-clinic abortion care. States across the country – including California, Colorado, Illinois, Maine, Montana, New Hampshire, New York, Oregon, Vermont, Virginia, and Washington – allow certain qualified licensed providers to provide early in-clinic abortion care.¹⁶ Allowing qualified providers to provide abortion care is a growing trend, with these 11 states expanding access since 2014. The governor of Maine, which recently passed legislation expanding qualified licensed providers’ care, pointed out that allowing these providers to provide abortion care meant that people in Maine, “especially those in rural areas, are able to access critical reproductive health care services when and where they need them from...providers they know and trust.”¹⁷

All people in Hawai‘i deserve timely, safe, and local access to abortion care and the pandemic has further demonstrated this need and the barriers patients and providers face because of the physician-only restriction. Planned Parenthood strongly encourages lawmakers to lift the burdensome and medically unnecessary physician-only restriction to ensure people in Hawai‘i can access abortion care with fewer financial and logistical barriers and stay in their respective communities to get care from trusted providers.

Thank you for this opportunity to testify in support of this important legislation.

Sincerely,

Laurie Field
Hawai‘i State Director
Planned Parenthood Votes Northwest & Hawai‘i

¹⁶ See Lovett, Ian, California Expands Availability of Abortion, *New York Times*. Retrieved 7 November 2019. <https://www.nytimes.com/2013/10/10/us/california-expands-availability-of-abortions.html> (listing VT, NH, OR, and MT as states preceding California in allowing qualified licensed providers to provide in-clinic abortions); Gomez, Amanda, Maine governor signs bill to increase number of abortion providers. *Think Progress*. Retrieved 7 November 2019. <https://thinkprogress.org/maine-law-increases-number-abortion-providers-nurse-practitioners-2beb546dabb1/>; Washington State Office of the Attorney General. *Authority of Advanced Registered Nurse Practitioners and Physician Assistants to Perform Pre-Viability Aspiration Abortions* (AGO 2019 No. 1 – Feb. 1, 2019). Retrieved 7 November 2019, from <https://www.atg.wa.gov/ago-opinions/authority-advanced-registered-nurse-practitioners-and-physician-assistants-perform-pre>; National Partnership for Women and Families. *Reproductive Health Wins of 2019* (2019) (p. 2). Retrieved 7 November 2019, from <http://www.nationalpartnership.org/our-work/resources/repro/reproductive-health-wins-of.pdf>; Kate Coleman-Minahan et al., *Interest in Medication and Aspiration Abortion Training among Colorado Nurse Practitioners, Nurse Midwives, and Physician Assistants*. *Women’s Health Issues* 30:3. Retrieved 21 January 2021, from [https://www.whjournal.com/article/S1049-3867\(20\)30006-2/pdf](https://www.whjournal.com/article/S1049-3867(20)30006-2/pdf); N.Y. Pub. Health L. § 2599-bb; Va. Code Ann. § 18.2-72.

¹⁷ Office of Governor Janet T. Mills, *Governor Mills Signs Legislation to Increase Access to Critical Reproductive Health Care for Women* (2019), <https://www.maine.gov/governor/mills/news/governor-mills-signs-legislation-increase-access-critical-reproductive-health-care-women-2019>

Contact Name	Home Zip/Postal
A, Erin	96816
Adair-Leland, Jean A	96816
AKANA, TERRY S.	96707
Amberg, Joanne B	96734
Armstrong, Judith A	96815
Bae, Terra	96815
Bagcal, Alani	96813
Bagcal, Rene	6074
Baker, Julie Elizabeth	96743
Baker-Cohen, Katy	19119
Bandy, Sidney	96825
Bargiel, Jacques M A	96756
Bass, Colleen Michelle	96746
Bernaert, Ruthie S	96727
Bernier, Wendy Ann	96707
Billington, Patricia Ellen	96744
Bilyk, Patricia L	96817
Binder, Mary	96753
Biven, Kirstee	96743
Blades, April M	96814
Borg, Lars U	96741
Bostic, Sandra	6095
Bounds, Tina	96749
Boyd, Kathleen P	96749
Bray, Kaylan	96826
Brown-Wilson, Victoria	96814
Burghardt, Cheryl A	96813
BURKE, STACIE M	96701
Burkholder, Harriet A	96727
C, Ang	96746
C, Lauren	96766
Caligtan, Grace A	96817
Callahan, Sabrina	
Ahulani	96714
Chee, Sarah	96822
Chelius, Graham T	96796

Ching-Pickett, nicolette	96744
Christoff, Nat	96706
Chua, Anna	96826
chung, LaDonna	96817
Clark, Skyla	96816
Conner, Jessica	96740
Constantino, Gabrielle	96708
Corby, Carly	8721
dancer, lotus	96790
Davidson, Gabrielle	96703
De Coligny, Ashley C	96744
Delaney, Erica J	93013
Dell, Laura	96816
DeMott, Thalya	96814
dvorak, charlotte	96822
Dvorak, Laura	96720
Elliott, Margaret	96708
Ellis, Kelci	96708
Enriquez, Frances	96822
Fannon, Samantha	96822
Forgan, Sandra	96753
Fraser, Bonnie	96815
Freed, Ann S.	96789
FUJIOKA, JULIA N	96701
fung, keala	96822
Galdo, Chantel	96826
Gamby, Tanya	96746
Gardner, Sheryl P	96789
George, Jane E	96734
Gerber, Lydia	96826
Gionson, Jaredsyn	96782
Green, Wendy	96813
Greengrove, K. Jill	96779
grutter, lexa S	96734
Guest, Lauren	96756
H, Aidan	96707
Hammerich, Aleta	96825
Hansen-Stafford, Lenore A	96706
Hanson, Phyllis	96740
Haskins, Eric	96771

Hay, Nancy Beth	96753
High, Kelly	96749
Hirakami, Lynda	96778
Hirayama, Dustin	96707
Holaday, Janet A	96734
Holloran, Heidi A	96732
Horn, Latham C	96782
Hruska, T	96708
Hsu, Ivy H	96814
hudson, wendy	96768
Jackson, Gail W	96738
Jameson, Fammy	96822
Jones, Ashley L	96754
Kahumoku, Jasmine	96738
Kapana, Jamie	96707
KEITH, ANDREW R	96744
Kisor, Dave James	96778
Lahl, Suzanne	96753
Lancaster, Rachel	96755
Lemon, David	96766
Linhares, Carmen	96744
Lo, Nanea C	96826
Madayag, Michael Gabriel	96817
Madison, Caitlin	
Hanrahan	92078
Maes, Jasmine	96746
Marquez, Malia	96825
Martinez, Melissa	96822
Mazzanti, Martin	96740
McClellan, Dorien H	96792
Miki, Heather N	96825
Monk, Amy Y	96825
Morrow, Ashley	96740
Morse, Leah Y H	96825
Moss, Sandie K	96766
Musbach, Stephanie	96753
Myers, Tara Kaberi	96714
Nelson, Joy Pearl	96753
Nelson, Roslin	96743
NEWLIGHT, Nai a	96708

NIHIPALI, MICHELE	96717
Noel, Hannia	76002
Nolan, Douglas	96825
OConnell, Lauren	23225
Offley, Sharon	96746
Ono, Lory K	96744
palma-glennie, janice L	96740
Pang, Chelsea R O	96744
Patton, Lesley J	96755
Peterson, Ingrid	96734
Pham, Thaddeus K	96822
Phillips, Hartley A	96778
Pi, Melina	98012
Plper, Julia	43023
Plazewski, Marie	96778
Raatz, David M Jr	96793
Rich, Joan	96816
Richardson, Jill	96712
Riley, Carrie	96754
Robertson, Thomas Drew	96706
Rodrigues, Emily	96734
Ross, Cait	96746
Rost-Baik, Colleen	96815
Salvador-Smith, Harriet A	59102
Sanft, Anastasia	96708
Schneider, Jennifer G	96783
Scott, Erica M	96822
Scott, Robyn	96740
Segal Matsunaga, Doris M	96701
Seuell, Suzette	96734
Shartar, Elin Anderson	20010
Smith, Ashley	96763
Smith, Noel	96740
Smith, Wendy	96766
soares, colleen	96744
Soderholm, Stacy A	96790
Spaeth, Jane A	96752
Stauber, Michael T	96765

Steele, Katey	96728
Steiner, Mary	96821
Stevens, Janeal	96720
Tavares, Trecyn	96753
Taylor, hollis J	96760
TIZARD, THOMAS J	96734
Travis, Terence	96706
TRESCHUK, Lorayne K	96819
Trivett, Joyce	96766
Truong, Amy Mi	96813
TUCKER, ANTHONY	96707
V, D	96737
Vitola, Debra J	96740
Walsh, Maddy	96712
Walters, Robyn	96753
Watai, Jerry	96740
White, Joan P	96813
Wiedner, Barbara M	96746
Wiehl, Janine A	96789
Wilkinson, Charley	96814
Williams, Tandra	96707
WOLF, Alfred W	96753
Wood, Melinda S.	96822
Yee, Nikki-Ann	96819
Young, Kauai	96750
Young, Nancy S. S.	96819
Zhang, Melissa	96814

HB-576-HD-1

Submitted on: 2/16/2021 2:16:24 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Doris Segal Matsunaga	Save Medicaid Hawaii	Support	No

Comments:

Save Medicaid Hawaii supports HB 576 to ensure everyone in Hawai'i has equal access to abortion care, no matter their income or where they live. Expanding the list of qualified health providers who are authorized to perform this medical procedure is critical to this goal, and to controlling the cost of health care in our state.

Mahalo for your attention to improving access to health care for Hawaii's women and families.

HB-576-HD-1

Submitted on: 2/16/2021 5:20:29 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Hochberg	Hawaii Life Alliance	Oppose	No

Comments:

Hawaii Life Alliance strongly opposes HB576 HD1. We believe if abortion is to remain safe as abortion property's tout - they should only be performed by licensed physicians and/or osteopathic surgeons. The risk for injury during this surgical procedure could be great without a physician.

Please protect minor girls and women from greater risk by preventing PA's from providing a major surgical procedure.

Mahalo.

To: Hawai'i State House of Representatives Consumer Protection & Commerce
Committee
Hearing Date/Time: Wed., Feb. 17th, 2:00 PM
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony in strong support of HB 576, HD1

Dear Chair Johanson and Members of the Committee,

I write to you today in strong support of HB 576, HD1, which seeks to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

I write to you as the Medical Director for the state of Hawai'i at Planned Parenthood of the Great Northwest and Hawaiian Islands. In this role, I have seen firsthand the hardships our patients experience – whether it is spending hours trying to get to Honolulu from the North Shore using public transportation, spending the night sleeping on a beach near our health center in Kahului the night before their abortion appointment, or spending hundreds of dollars flying from a neighbor island to Oahu or Maui for care. The COVID-19 pandemic has only highlighted the barriers patients and providers have long faced in accessing and providing abortion care. No patient should ever be forced to travel between islands to access basic reproductive health care, and that has never been truer than during the pandemic when travel is a recognized public health risk. **Limited access to abortion care, especially during COVID-19, is unsafe, costly, and has a disproportionate impact on people from neighbor islands.**

At our health center in Kahului, on Maui, we provide abortion twice a month by flying dedicated physicians from Oahu to deliver that care. During the pandemic, we were forced to discontinue services completely between April 8, 2020 and May 20, 2020. Despite the fact that we had dedicated providers who were willing to risk their health and the health of their families to provide this critical healthcare, their primary employer did not feel safe allowing them to travel. We cannot allow our patients' access to healthcare to continue to be at risk.

I also write to you as an obstetrician/gynecologist and proud abortion provider who has spent almost 20 years training medical students, residents, fellows and advanced practice clinicians (advanced practice registered nurses (APRNs), certified nurse midwives (CNMs) and physician assistants (PAs)) to provide sexual and reproductive healthcare. I can assure you there is nothing about an early aspiration abortion that makes only physicians capable of providing it. I have seen advanced practice clinicians perform every one of the steps of the procedure with great skill. In California, I trained and assisted several clinicians to provide early abortion. Not only did they provide this service safely and with compassion, but their patients appreciated the continuity of care – that the provider they trusted to provide them with all other aspects of their healthcare could also be there for them during such a sensitive time.

Hawai'i's outdated law restricting the provision of early in-clinic abortion care only to physicians limits the availability of abortion providers, leading to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.

To reduce costs and ensure patients can safely access health care in their own communities, advanced practice clinicians should be allowed to provide early in-clinic abortion care.

Aspiration abortion is an incredibly safe procedure that can be performed in the outpatient setting (in fact, the majority of abortion procedures already are). Major complications from abortion are rare, occurring less than a quarter of one percent of procedures. This is about the same frequency of complications as for colonoscopies and less frequent than complications for wisdom tooth removal and tonsillectomy.¹ Additionally, aspiration abortion can be safely performed in an office or clinic setting; scientific literature concludes that the safety of abortion care provided in an office setting is equivalent to the safety of abortion care provided in a hospital setting.²

Research has shown that there is no difference in the safety of an abortion when it is performed by a clinician rather than a physician.³

Many health care and professional organizations have affirmed that clinicians can safely and effectively provide abortion care, including the American College of Obstetricians and Gynecologists (ACOG), the American Public Health Association, the World Health Organization, the American Academy of Physician Assistants, and the National Abortion Federation.⁴ Additionally, in a 2018 review, the National Academies of Sciences, Engineering, and Medicine concluded that qualified licensed providers are equally capable of providing safe and effective abortion care as physicians.⁵ Experts agree: restricting qualified providers from providing abortion care confers no medical benefit and instead harms patients by limiting access to care.⁶

In 1972, 100 leaders in obstetrics and gynecology published a compelling statement that recognized the legalization of abortion in several states and anticipated the 1973 Supreme Court decision in *Roe v Wade*. They projected the numbers of legal abortions that likely would be required by women in the United States and described the role of the teaching hospital in meeting that responsibility. They predicted that teaching hospitals with specialized outpatient facilities could meet the demand for abortion and believed that abortions were the responsibility of hospitals. But today 90% of abortions are done away from hospitals. Finally, the 100 professors recommended that “abortion should be made equally available to the rich and the poor”. Forty years later, 100 professors, including two of the original signers, reaffirmed the importance of abortion access.⁷ But they did not go far enough. I believe it is our responsibility to take the next step. As the first state to legalize abortion, we have affirmed our belief that all Hawaiians deserve access to this

¹ Groundbreaking research proves that abortion is an extremely safe procedure, *Bixby Center for Global Reproductive Health* (2019). <https://bixbycenter.ucsf.edu/news/groundbreaking-research-proves-abortion-extremely-safe-procedure>; See also Raymond, E.G., et al., Mortality of induced abortion, other outpatient surgical procedures and common activities in the United States. *Contraception*, 2014. 90(5): p. 476-9

² White, K., Carroll, E., & Grossman, D. Complications from first-trimester aspiration abortion: A systematic review of the literature. *Contraception*, 92(5), 422–438 9 (2015, November) (in a review of over 11,000 scientific articles on aspiration abortion, researchers found the number of major complications were similar for office-based settings and hospital-based settings).

³ Weitz, T. et al. (2013). Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. *American Journal of Public Health*, 103(3): 454-461. Retrieved 7 November 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673521/> (concluding that complications from abortion were rare whether performed by a nurse practitioner, certified nurse midwife, a physician assistant, or a physician, with no clinically significant difference in complication rates based on who performed the abortion); Kallner, K. et al. (2015). The efficacy, safety and acceptability of medical termination of pregnancy provided by standard care by doctors or by nurse-midwives: a randomized controlled equivalence trial. *BJOG*, 122(4): 510-517. Retrieved 7 November 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/25040643> (finding that the effectiveness of provision of in-clinic abortion care by nurse-midwife providers was superior to that provided by doctors and some patients responded they would prefer to see a nurse-midwife); Freedman, M., Jillson, D., Coffin, R., & Novick, L. (1986). Comparison of complication rates in first trimester abortions performed by physician assistants and physicians. *American Journal of Public Health*, 76(5): 550-554. Retrieved 7 November 2019, from <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.76.5.550> (finding that in-clinic abortion care provided by physician assistance were comparable in safety and efficacy to those provided by physicians). See generally Barnard, S., Kim, C., & Park, M.H. (2015). Doctors or mid-level providers for abortion. *Cochrane Database of Systematic Reviews*, 7: 1-39. Retrieved 7 November 2019, from <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011242.pub2/epdf/full>.

⁴ Berer, M. (2009). Provision of abortion by mid-level providers: international policy, practice and perspectives. *Bulletin World Health Organization*, 87(1): 58-63. Retrieved 7 November 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2649591/>

⁵ National Academies of Sciences, Engineering, and Medicine. (2018). *The Safety and Quality of Abortion Care in the United States*. Retrieved 7 November 2019, from <https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states>

⁶ National Academies of Sciences, Engineering, and Medicine. (2018). *The Safety and Quality of Abortion Care in the United States* (p. 159). Retrieved 7 November 2019, from <https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states>

⁷ A statement on abortion by 100 professors of obstetrics:40 years later. *Contraception*, 88,568-576, 2013.

critical service. Just because abortion is legal in our state, that does not guarantee that it is accessible. Now is the time for us to act so that we can assure that access actually exists.

A growing number of states already recognize that clinicians can safely and effectively provide abortion. California, Colorado, Illinois, Maine, Montana, New Hampshire, New York, Oregon, Vermont, Virginia, and Washington allow clinicians to provide early in-clinic abortion care.⁸

All people in Hawai‘i deserve timely, safe, and local access to abortion care and the pandemic has further demonstrated this need and the barriers patients and providers face because of the physician-only restriction. I strongly encourages you to lift the burdensome and medically unnecessary physician-only restriction.

Thank you for this opportunity to testify in support of this important legislation.

Sincerely,

Deborah Nucatola, MD
Medical Director, Hawai‘i
Planned Parenthood of the Great Northwest and the Hawaiian Islands



healthymothers
healthybabies
COALITION OF HAWAII

February 16, 2021

To: House Committee on Consumer Protection and Commerce
Date: Wednesday, February 17, 2021
Re: Testimony in strong support of HB576

Dear Chair Johanson, Vice Chair Kitagawa and Members of the Committee,

Healthy Mothers Healthy Babies Coalition of Hawai'i writes in strong support of HB 576, which seeks to ensure that all people in Hawai'i have equal access to abortion care, no matter their socioeconomic background.

No one should have to travel far and wide just to have access to reproductive health care services. Hawai'i's outdated law restricts the provision of early in-clinic abortion care to physicians. The limited availability of abortion physicians leads to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care. Hawai'i's outdated law restricts the provision of early in-clinic abortion care to physicians. Getting the services one needs should be easy, accessible and affordable. The full spectrum of care that a woman needs should not be filled with barriers and obstacles. Allowing qualified APRNs and Physician assistants to provide abortion services would enable those who need it, to have access. Expanding the providers able to give abortion care to APRNs and PAs allows for communities to have the full range of reproductive health care when they need it. Women in Kaua'i, Moloka'i, and Lāna'i and rural areas across the state shouldn't have to travel long distances or wait for the care they need. We urge you to pass HB576, so that community is cared for in all the ways they need, when they need it.

Thank you for the opportunity to testify in support for this bill.

Tanya Smith-Johnson
Policy Director, Healthy Mothers Healthy Babies Coalition of Hawaii
tanyasj@hmhb-hawaii.org
96817

HB-576-HD-1

Submitted on: 2/12/2021 7:45:02 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Arbeit	Individual	Support	No

Comments:

I support completely this measure. It is important to more widely support abortion services, especially on the neighbor islands.

HB-576-HD-1

Submitted on: 2/12/2021 8:12:03 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goljuch, Sr.	Individual	Support	No

Comments:

Please pass HB576. Licensed physician assistants and advanced practice registered nurses are more than qualified to perform aspiration abortions.

HB-576-HD-1

Submitted on: 2/13/2021 11:40:27 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Vivien Wong	Individual	Oppose	No

Comments:

I am writing this testimony in opposition of HB 576. As a physician, I oppose the intent of this bill to allow non-physicians to perform aspiration abortion. This bill does not improve the healthcare of women in Hawaii. In fact, you are lowering the standard of healthcare by potentially allowing suboptimally trained non-physician medical providers to perform surgical procedures. Yes, aspiration abortion is a surgical procedure. Therefore, as any surgical procedure there are risks. Do you realize that this procedure are often offered in outpatient setting? Therefore, mid-level medical practitioner who is performing such procedure may not have the experience to recognize nor surgical expertise to deal with severe complications such as uterine perforation. The premise that this bill will improve accessibility to elective abortion is false. There are well qualified and well trained physicians available to perform these procedures. However, they choose not to. If you survey the OB/GYNs in the state of Hawaii, both ACOG (American College of Obstetricians and Gynecologists) and non-ACOG members, you would find that approximately 94% (160/171) do not perform elective abortions or at least do not advertise that they perform elective abortions. There is a reason why so many qualified OB do not perform elective abortions. Instead majority of you who are non-medical representatives decide to pass a law that affects the delivery of quality health care that you have no qualifications to make. None of you will oversee proper credentialing of these mid-level medical providers. The law opens to abuse by organizations for financial gain because they could now hire lower salaried non-physician medical providers. You are passing a law that is fraught with major liability. You are not protecting vulnerable young women in our Ohana. Will you take the responsibility if these precious lives are destroyed by complications resulting from this surgical procedure performed by non-physicians? I implore you to re-consider and oppose the passing of this bill.

HB-576-HD-1

Submitted on: 2/13/2021 1:01:37 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
janice palma-glennie	Individual	Support	No

Comments:

Aloha,

HB 576 will help keep Hawaii's place as a beacon for the rights of women and families to decided their own reproductive fate by insuring that everyone in the state has equal access to abortion care, no matter their income or where they live.

mahalo for supporting this bill and a woman's right to abortion.

sincerely,

janice palma-glennie

kailua-kona

Rep. Aaron Ling Johanson, Chair

Rep. Lisa Kitagawa, Vice Chair

HB 576

DATE: Friday, February 17, 2021

TIME: 2:00 PM

PLACE: VIA VIDEOCONFERENCE

Conference Room 329

State Capitol

415 South Beretania Street

IN STRONG SUPPORT OF HB 576

I am writing in firm support of HB 576. Access to abortion care is a crucial piece of healthcare for those who have biologically female reproductive organs. To restrict this access for any reason whatsoever is to infringe on a human right: access to accessible and affordable healthcare. This bill will allow licensed physician assistants and advanced practice registered nurses to perform certain abortion procedures, alleviating the need for the miniscule amount of MD's with licenses to perform abortions to travel around to the outer islands, something which the travelling conditions under the COVID-19 pandemic has made even more laborious. People on Oahu are not the only people in the inter-island community that require and deserve sufficient abortion access - this is something that every human deserves.

This bill is common sense legislation that will do nothing but make Hawai'i a more inclusive state and passing this through would showcase a care for your constituents that is necessary of our lawmakers. It is your job to create avenues for all people in Hawai'i to access healthcare, and this bill is crafted to help you do just that. As a cisgender woman with biologically female reproductive parts who has overcome barriers to reproductive care, I find this bill extremely necessary and personal and readily urge you to pass it through, as is your duty to your constituents.

Thank you for your consideration,

Sidney Bandy

HB-576-HD-1

Submitted on: 2/13/2021 11:13:27 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Will Caron	Individual	Support	No

Comments:

Please support equal access to abortion. HB576, HD1 will reduce costs and ensure patients can safely access health care, especially during COVID-19. Qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early abortion care. It is more important than ever that we ensure that patients and health care providers are not forced to travel to another island for reproductive health care right now.

HB-576-HD-1

Submitted on: 2/14/2021 7:40:06 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Robertson	Individual	Support	No

Comments:

Access to contraception and abortion are essential health care, and our elected officials in Hawai'i should act accordingly. Without the advancement of this bill it will put at risk the most at risk individuals on our islands.

HB-576-HD-1

Submitted on: 2/14/2021 10:34:16 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lila Garrick	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is

Lila Garrick and I am writing today in support for HB 576.

Many of us live in remote areas. Not providing medical access for prcedures is the same (in my mind) as denying those procedures. The rich always have these choices. All others do not.

Thank you for the opportunity to testify in support for this bill,

Lila Garrick

64 Ehiku loop apt 109

Kihei 96753

Committee on Consumer Protection & Commerce

Wednesday, Feb. 17, 2021 2:00 pm

Hearing on HB 576

Aspiration Abortions; Physician Assistants;
Advanced Practice Registered Nurses

February 14, 2021

**Aaron Ling Johanson, Chair
Lisa Kitagawa, Vice Chair
and Committee Members**

I appreciate the time and opportunity to weigh in on this bill. I am opposed to abortion; however, I am also aware that abortion is an approved method here in Hawaii as a way of controlling unwanted pregnancy.

However, my opposition to this bill is my concern for the woman or the young girl.

I have no doubt that many Advanced Practice Registered Nurses and Physician Assistant are very well trained. But they are not doctors.

Bill states “... studies have found no difference in abortion safety when performed by qualified licensed health care providers other than physicians.” Bill also states that the NASEM appears to agree with this.

How can this be? Is it possible the APRN and PA’s are as qualified as a physician who has gone through extensive years of schooling, training, internships?

I do see that the “American Association of Pro-Life Obstetricians and Gynecologists” oppose allowing non-physician from performing these types of abortion.

More concerns, is it true that girls as young as 14 yrs. of age here in Hawaii are able to obtain as abortion without parental notification? How much more of a concern if this is done by a PA or APRN?

It is stated throughout the bill that support is pretty much based on convenience and cost. I am sorry; however, I am concerned about the risk this possess for the women and young girls and whether or not they have been presented with alternative options.

I strongly oppose the passing of this bill for the sake of these women and girls and ask you all on this committee to stop it as well.

**Respectfully,
Rita Kama-Kimura**

HB-576-HD-1

Submitted on: 2/14/2021 3:51:35 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
RobertaHelemano	Individual	Oppose	No

Comments:

Please Oppose HB576 BILL ...to allow healthcare physician and nurses to performing abortion in any matter and take away a child's life. Please have mercy and compassion in this situation. It will destroys me to see this bill pass... please allow other alternatives for many concerns for woman's health and safety. Please strongly oppse this bill and look at other options than performing Abortion and for the safety for woman's health. Mahalo for taking your time to read my statement.

HB-576-HD-1

Submitted on: 2/14/2021 8:15:54 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Yulia Muzychenko	Individual	Oppose	No

Comments:

I oppose!

HB-576-HD-1

Submitted on: 2/14/2021 8:35:25 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Thaddeus Pham	Individual	Support	No

Comments:

Aloha CPC Committee,

As a public health professional and concerned citizen, I am writing in STRONG SUPPORT of HB576, which will ensure everyone in Hawai'i has equal access to abortion care, no matter their income or where they live.

Patients on Kaua'i, Moloka'i, LÄ• na'i, and West Hawai'i must currently travel to a different island for abortion care. This is unacceptable - everyone deserves equal access to health care in Hawai'i.

As demonstrated by the ongoing COVID-19 pandemic, equitable access to medical care is essential to ensuring that our State remains healthy and economically robust.

Please pass HB576.

With thanks,

Thaddeus Pham (he/him)

HB-576-HD-1

Submitted on: 2/14/2021 9:16:25 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Eileen McKee	Individual	Support	No

Comments:

I support HB576.

Eileen McKee

Kihei, HI

HB-576-HD-1

Submitted on: 2/14/2021 9:33:06 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Theodore Allen Peck	Individual	Oppose	No

Comments:

Setting aside the reality that less than 50% of the patients that enter an abortion procedure emerge alive, shifting the moral and procedural burden to licensed physician assistants and advanced practice registered nurses will increase the risk to the mother and further trivialize life. 11.1% of pregnancies in Hawaii ended in abortion in a time where our population is decreasing. According to the Guttmacher Institute, there were 28 facilities providing abortion in Hawaii in 2017, and 4 of those were clinics, so to hold up the lack of access to clinics as a barrier to abortion seems a false premise. Please do not further trivialize the life of the unborn or the decision of the mother by passing this measure.

HB-576-HD-1

Submitted on: 2/14/2021 10:16:26 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Philip Nasca	Individual	Oppose	No

Comments:

Hawaii has enjoyed tremendous blessings of life and prosperity. Our Nation was founded on the Truths that every human is endowed by their Creator with certain unalienable rights and among these are "Life" Liberty and the pursuit of Hapiness . That to secure these rights governments are instituted among men. We now know, through scientific advances, beyond a shadow of doubt that the life of a child begins at conception and that to terminate that life before birth is nothing short of murder. Our legislators will be held accountable to God for each and every life that will be snuffed out by abortion and to allow more abortions to be administered is a greivous evil. Please stop this holocaust and do not extend the ability to deny our Keikis their right to Live. Who knows perhaps one of the lives we save will find the cure for covid 19!

HB-576-HD-1

Submitted on: 2/14/2021 11:46:05 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alice Abellanida	Individual	Oppose	No

Comments:

I strongly oppose this legislation. I urge you to kill this bill, not the child.

HB-576-HD-1

Submitted on: 2/15/2021 12:31:51 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
marjorie erway	Individual	Support	No

Comments:

Please support this bill as it makes total sense to me, and I hope it does to you, also.

Mahalo for your consideration.

HB-576-HD-1

Submitted on: 2/15/2021 12:44:43 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Marit Pearlman Shapiro	Individual	Support	No

Comments:

Dear Chair Yamane, Vice Chair Tam, and members of the House Committee on Health, Human Services, and Homelessness,

I am an obstetrician-gynecologist (OB/GYN) in Hawai'i, and I am writing in support of House Bill 576 which would increase access to basic healthcare by allowing advanced practice registered nurses (APRNs) and physicians assistants (PAs) to perform aspiration abortions.

As an OB/GYN, I have been privileged to work with highly skilled APRNs and PAs in a variety of clinical settings. They are an integral part of women's healthcare provision throughout Hawai'i. As the majority of aspiration abortions take place in the first trimester, this bill can significantly improve access to comprehensive reproductive care for women in Hawai'i.

I am a provider of abortion care as well – one of a handful of OB/GYNs in our state who provide this service. I travel once or twice a month to Maui to provide abortion care because there is no aspiration abortion provider currently on Maui. In fact, the only other island that has an aspiration abortion provider is the Big Island. Our non-Oahu communities have always had difficulty accessing this care, but that has become exacerbated by the pandemic. Travel to Oahu always entails taking time off from work, finding childcare, raising money for interisland travel – all of which affects folks with lower income and from our communities of color, especially Native Hawaiian/Pacific Islander, the most – but now our residents are dealing with confusing travel restrictions, procuring testing, and potential quarantining when they return to their home island.

The safety of trained APRNs and PAs performing this procedure has been repeatedly demonstrated through clinical research. This conclusion was confirmed by the National Academies of Sciences, Engineering, and Medicine, a non-partisan source that provides objective assessments of science and technology. And after a successful multi-year pilot program, California passed a similar law, expanding abortion provision to APRNs, PAs and certified nurse midwives. Ten other states have similar laws.

Hawaii has always led the way in reproductive health care recognizing that abortion access is vital to women's health. The evidence is clear. This is not only safe, but

needed. It is time Hawaii expands access to comprehensive women's healthcare, which is why I support HB 576.

Thank you,

Marit Pearlman Shapiro

HB-576-HD-1

Submitted on: 2/15/2021 7:38:09 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ellen Godbey Carson	Individual	Support	No

Comments:

Please approve HB576. We do not have sufficient abortion providers on our islands to enable women to obtain this service in a timely and safe manner. The burdens are too great when a woman must fly to another island to obtain a medical service that is time-sensitive. This bill can help expand services in a safe and appropriate manner, with appropriate training and supervision. These medical procedures are much more minor than the risks of proceeding to term and giving birth, and we allow non-physicians to attend birth and delivery.

Thank you for your consideration of this matter, and for protecting reproductive rights of women and girls.

Ellen Godbey Carson

HB-576-HD-1

Submitted on: 2/15/2021 9:46:52 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark White	Individual	Oppose	No

Comments:

Aloha Representative Johanson and CPC Committee Members:

I'm opposed to HB 576 and ask that you reject this measure because of the undue risk to the health and well-being it poses to women who chose to have an abortion.

I was in high school when abortion was made legal by the SCOTUS (1973). I clearly recall one of the main rationales for legalization was the otherwise profound risk to women's health and safety; that without legalization, pregnant women would be forced to undergo abortion procedures by uncertified and unqualified practitioners. The so-called "coat hangar" abortionist would continue risking victim's health through illegal abortion practices.

I believe my younger sister fell prey to this practice as she had an abortion in the early 70's and was never able to conceive afterward. She has never been able to talk about what happened. Her pain and guilt follows her to this day. All she will tell me is that as a result of this procedure, she was never able to bear a child.

Frankly, its bad enough that the killing of unborn children is legalized in Hawaii, to now allow anyone less than the most qualified, certified and trained medical doctor perform abortions is unconscionable.

We got rid of the 'back alley" abortions back in the 70's. Do not now institutionalize this risk to women again.

Vote no on HB576.

Mark White
94-217 Olua Place
Waipahu Hawaii 96797

HB-576-HD-1

Submitted on: 2/15/2021 11:55:51 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Marianne Frank	Individual	Oppose	No

Comments:

First, I am opposed to abortion, as it is ending the life of an innocent unborn child. In addition, I am against allowing 14 year old girls to have abortions without their parents' knowledge. And now, you are presenting a bill that would allow non-physicians to perform these abortions. I know you are doing this because most physicians abhor the idea of abortions. They are for life, not death. What happens when there are complications like cervical lacerations, uterine perforation, bowel perforation, hemorrhaging, etc? Without a physician present! Good grief. You could end up with 2 deaths instead of one..

HB-576-HD-1

Submitted on: 2/15/2021 12:00:27 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Allan Jay Weiland, MD	Individual	Support	No

Comments:

Good afternoon. I am Dr. Allan Weiland, a retired OB/Gyn physician living on Maui. I am speaking in favor of HB576. I had the experience, as a medical student in Chicago in 1972, to do my OB/GYN rotation at Cook County Hospital. This was for low income and indigent women, the year before abortion was legalized. I served on the "Septic Abortion Ward", where women were admitted after an illegal abortion gone wrong, or when attempting on their own. I delivered antibiotics, sent women to surgery, or called the morgue. I have seen what happens when abortion and reproductive health services are not legal, or not available.

While these services are now legal in Hawaii, and attitudes about reproductive health may be quite progressive, that is not the same as services being available. In Maui County, Lanai and Molokai have NO local access to abortion services, and on Maui we have a traveling physician from Oahu come several times a month. Travel for our Maui County citizens is limited, and expensive.

This bill will increase the availability of practitioners to serve the needs of our residents, and do it safely and effectively.

A right to a legal service that is not available is no right at all.

Thank you for your consideration.

To: Hawai'i State House Consumer Protection & Commerce Committee
Hearing Date/Time: Wednesday, Feb. 17, 2021, 2:00 pm
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony in support of HB 576, Relating to Equal Access to Abortion

Aloha e Chair Johanson, Vice Chair Kitagawa, and esteemed Members of the Committee,

My name is Madeline "Maddy" Walsh, and I'm currently a student at the University of Hawai'i at Mānoa. I write to you in strong support of House Bill 576 and urge the committee to pass this measure as soon as possible in order to ensure equal access to abortion services across the Hawaiian islands.

I have always been proud of Hawai'i, my lifelong home, for being such a strong leader in the reproductive justice movement. However, I was appalled after learning that most people on our outer islands do not have access to local abortion care providers. Either physicians from O'ahu (the only people allowed to provide abortions in Hawai'i at this time) have to fly to our neighbor islands infrequently to give care, or patients have to travel inner island *themselves* when seeking to terminate a pregnancy. The latter is obviously not a reality, or even a feasible choice for most people because of barriers like travel expenses, scheduling, work and school arrangements, childcare, etc. Not to mention the COVID-19 pandemic exacerbating all these conditions.

The bottom line is that people deserve equitable access to abortion care no matter where they live.

HB 576 will allow qualified license providers like advanced practice registered nurses (APRNs) and physician assistants (PAs) (both of whom are more available throughout our islands) to provide abortion care, thus closing this health gap and giving every community access to timely, safe, and affordable abortion care.

I urge the committee to pass and move HB 576 forward, leaving no Hawaiian island, community, or population behind when it comes to time sensitive, life saving health care. Mahalo nui for this opportunity to testify in strong support of this critical piece of legislation.

E mālama,
Madeline "Maddy" Walsh

mmwalsh@hawaii.edu

96712

HB-576-HD-1

Submitted on: 2/15/2021 12:12:59 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alani Bagcal	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Alani Bagcal and I am writing today in strong support for HB 576.

As a 25 year old woman of color, I have always had the privilege of accessing affordable reproductive health care to take care of my body as needed. Being able to access the wide range of reproductive health services has significantly impacted my success in my education, career and overall well-being.

As an organizer for Planned Parenthood, I've had the ability to speak on reproductive rights issues on a platform that I used to dream about when I was little -- a platform where I am encouraged, uplifted and supported. Planned Parenthood has not only given me health care since I was 16 years old, but also the platform to be heard, to advocate, and to take action in what matters to me most within my community.

The most rewarding part about my job is the ability to connect with hundreds of people all over the islands and listen to stories about their experiences accessing the same exact care that has impacted my life so greatly. The hardest part is learning the extreme barriers that people face in accessing care that is unrightfully stigmatized and systemically out of reach for BIPOC, LGBTQIA+, youth, people with low incomes as well as victims of domestic violence and/or intimate partner violence.

Our neighbor islands are struggling immensely when it comes to abortion access and are forced to travel long distances, potentially exposing themselves to COVID-19, on top of the other financial responsibilities of traveling to get care.

I cannot fight for the right to have reproductive health care be protected in the law, without the right for equitable access in the law. A right without access is not a right at all and I respectfully urge you to pass HB 576 to ensure that everyone in Hawai'i has safe and equitable access to lifesaving care.

Thank you for the opportunity to testify in support for this bill,

Alani Bagcal

alani.bagcal@ppvnh.org

96815

HB-576-HD-1

Submitted on: 2/15/2021 12:19:58 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ryan Santana	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Ryan Santana and I am writing today in support for HB 576.

As a 27 year old man, I know that all of the health care services that I need are in reach, because I am a man. I know that the women in my life rely on services provided by Planned Parenthood and other reproductive health care providers.

I have a deep appreciation in my partners access and ability to choose when she wants to have our future child. During our conversations of family planning we have both expressed how important it is to be financially and emotionally stable before choosing to have a child, so we can ensure our child the best support system we can offer them.

During the pandemic I lost my job and health insurance, it has been extremely difficult navigating this pandemic as my unemployment checks have been months late, I have been dealing with the trauma of loved ones passing away from the virus and the overall consequences the pandemic continues to have in our daily lives. Before my partner can commit to being pregnant and having a child, I know that it's my responsibility to be of the best support to her and our family, in every way possible. The effects of the pandemic continue to be a challenge and I cannot even imagine the devastation of not being able to choose when to have a child, especially during this time. A woman's choice and access to reproductive health care should always be heard and accessible.

I also know that reproductive health care providers are constantly ridiculed and attacked by anti-abortion activists and policies. My partner works at Planned Parenthood, and I constantly worry about her safety as we always encounter

protesters outside her office, some more aggressive than others. Planned Parenthood clinics have historically been attacked and vandalized around the country due to people and policy makers demonizing abortion providers and the people who get them. This is wrong. People in power need to change this and should have the obligation to and make this a priority.

I think it is unacceptable that women, BIPOC, LGBTQIA+ people have to face so many barriers when it comes to accessing life changing care that they need. People should be able to have equitable access to all of the reproductive health care services, whenever they need them, wherever they are.

Thank you for the opportunity to testify in support for this bill,

Ryan Santana

96815

HB-576-HD-1

Submitted on: 2/15/2021 12:32:44 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Chris Jimenez	Individual	Oppose	No

Comments:

"Aspiration abortion" is also known as "surgical abortion" within the medical community. Surgical procedures are preformed by doctors for a reason. When complications happen, and they DO HAPPEN, women deserve the skill and training of a licensed doctor in the room. Women's health should not be compromised by eager politicians being pressured by the abortion industry (who just want to cut cost by cutting the level of care).

HB-576-HD-1

Submitted on: 2/15/2021 2:12:21 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Stacie M Burke	Individual	Support	No

Comments:

I strongly support HB 576. This bill will provide equal access to care regardless of income and more importantly people will not be forced to travel from island to island in pursuit of the services needed.

Mahalo for your time

Stacie Burke

HB-576-HD-1

Submitted on: 2/15/2021 2:17:36 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Goodyear	Individual	Support	No

Comments:

Aloha Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Brian Goodyear. I am a clinical psychologist and I am writing today in support for HB 576.

Hawai'i law currently restricts the provision of early in-clinic abortion care to physicians. The limited availability of abortion physicians, in the context of a more general shortage of physicians in Hawai'i, leads to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.

People on Kaua'i, Moloka'i, LÄ• na'i, and the west side of Hawai'i do not have access to a local care provider and are forced to travel long distances to access care. This creates a lot of stress for patients and forces patients to incur significant costs for travel, lodging, and childcare. People on Maui only have access to a provider twice each month and the provider must fly from another island.

COVID-19 has worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, expensive, and risky to viral spread.

Travel to obtain care can be an insurmountable barrier for many people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, rural people, and young people.

To reduce costs and ensure that all patients can safely access health care, especially during COVID-19, qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early abortion care. It is more important than ever that we ensure that patients and health care providers are not forced to travel to another island for reproductive health care.

Thank you for the opportunity to testify in support of this bill.

Brian Goodyear

bsgoodyear@aol.com

2924 Alphonse Place, Honolulu, HI 96816

HB-576-HD-1

Submitted on: 2/15/2021 2:43:56 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Samantha Fannon	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Samantha and I am writing today in support for HB 576. I support this bill wholeheartedly because women's access to health care is critical. In an accessible and financial sense, this bill will ensure lower costs and accessibility by allowing APRNs and PAs to perform early abortion care for their patients.

I have had the privilege of always having health care accessible, and because of that, I have recovered from minor illnesses that could've been much worse without that access. I now have lost my health insurance and am feeling the financial burden of not being able to access health care in that regard. If I had to travel to outerislands for health services on top of not having insurance-- it would be even more of a burden and just unacceptable. This bill can be the beginning steps in ensuring no women ever need to worry about financial accessibility or physical accesibility.

Thank you for the opportunity to testify in support for this bill,

Samantha Fannon

Honolulu 96822

HB576 Relating to Health Care.

February 17, 2021 2:00 p.m. Zoom

Aloha Chair Johanson and Vice Chair Kitagawa,

Please support HB576 to allow Advanced Practice Registered Nurses and Physicians Assistants to perform certain types of abortion.

Hawaii has a severe shortage of doctors, especially in rural areas. Due to this, it is often difficult for women to find providers for any medical services, much less reproductive services, much less abortion. There are no providers on Kauai, Molokai or Lanai, nor the Big Island (except for Hilo).

Please pass HB576, to ensure a step toward all women getting equal access to reproductive services, including abortion.

Barbara J. Service MSW (ret.)

Senior Advocate

Member, Women's Coalition (testifying as an individual)

HB-576-HD-1

Submitted on: 2/15/2021 3:55:13 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Donna P. Van Osdol	Individual	Oppose	No

Comments:

Dear Members of the Committee:

I find it very interesting that during a pandemic where we probably have a shortage of medical staff taking care of those with COVID that you would want PAs and Nurse Practitioners wanting to perform abortions. I also am perplex as to why even hear a bill that may not take effect until 2060.

I also cannot accept the reasoning that during the pandemic PAs and Nurse Practitioners have had a difficult time financially. At that level, they should have no problems finding positions unless their quality of work is questionable, and hence, cannot find work.

Let me get this straight: they cannot find jobs, so you want to give them work killing babies? What's next, our kupuna?

This bill reduces the quality of healthcare provided to women. We should be focusing on our doctor shortage because Hawaii's hostility to the practice of medicine by medical doctors has created a doctor shortage in Hawaii which our state refuses to address. Rather than improving conditions that can attract and retain trained medical doctors and facilitate the practice of medicine, the legislature is considering degrading medical training requirements for services offered to women, endangering their lives and their future to bear children. Abortion can oftentimes be a life-threatening event due to complications requiring only a doctor's ability, so reducing the skillset required for this procedure is not what is in the best interest of women. The lack of doctoral care is not an option worthy of consideration by our legislators. This bill needs to be held in committee and/or killed. I STRONGLY oppose this bill.

Your sole focus should be to create new ways to attract doctors here in Hawaii and retain them!!

TO: House of Representatives Committee on Consumer Protection and Commerce

DATE: Wednesday, February 15, 2021

FROM: Bliss Kaneshiro MD, MPH

Re: HB 576

Position: STRONG SUPPORT

I am an obstetrician-gynecologist (OB/GYN) in Hawai'i, and I am writing in support of House Bill 576 which would increase access to basic healthcare by allowing advanced practice registered nurses (APRNs) and physicians assistants (PAs) to perform aspiration abortions.

As an OB/GYN, I work with skilled APRNs and PAs in a variety of clinical settings. They are an integral part of women's healthcare provision throughout Hawai'i. As the majority of aspiration abortions take place in the first trimester, this bill can significantly improve access to comprehensive reproductive care for women in Hawai'i.

Abortion is an exceedingly safe procedure. This has been repeatedly demonstrated by the National Academies of Sciences, Engineering, and Medicine. Prior to moving back home to Hawaii I practiced in Oregon and routinely worked side by side with APRNs who provided surgical abortion care

As an abortion provider I also know that passage of this bill could expand abortion access on the neighbor islands. Our non-Oahu communities have always had difficulty accessing this care, but that has become exacerbated by the pandemic.

It is time Hawaii expands access to comprehensive women's healthcare, which is why I support HB 576.

Thank you,

Bliss Kaneshiro MD, MPH

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Aaron Ling Johanson, Chair

Rep. Lisa Kitagawa, Vice Chair

Wednesday, February 17, 2021

2:00 p.m.

VIA VIDEOCONFERENCE

Conference Room 329

State Capitol

415 South Beretania Street

Chair Johanson, Vice Chair Kitagawa, and Members of the Committee:

I write in support of House Bill 576 and ask that you support it, as well. I am aware of my heterosexual male privilege when it comes to speaking out against sexual violence and promoting access to reproductive rights and healthcare. Nobody tries to shame me for speaking up, and there are some straight men that will listen to me but will not listen to women or gay men. You all know what the bill does and the common-sense reasons to support it, so I want to take my time to tell a few reasons to support this bill, which are a bit uncommon and close to my heart.

I Am a Product of Planned Parenthood

I am a product of Planned Parenthood services. My parents tell me that they used Planned Parenthood services in order to plan when they had me. They also used Planned Parenthood to receive some of the early prenatal care. If not for these services, I may not have been born at a time when they were prepared to raise me or have been born as healthy as I was. Many of you will know that I am blind, but my blindness happened when I was a teenager. I am an active supporter of reproductive rights and volunteer with Planned Parenthood when I can. I believe that a woman should have every right to choose what happens with her own body, just as I have every right to choose what happens with my own body. When we make our islands more supportive of one type of reproductive healthcare, it has spillover effects that improve our support for other types, as well.

Sexual Violence

My first real experience with organizing people for collective action was a matter of organizing students on a college campus to raise awareness about sexual assault and intimate partner violence.

Many survivors of sexual violence need many services, including those that, if the survivor is female, can liberate her from carrying the child of her assailant. We all know women who are raising the children of their assailants, but only in rare cases do we know that this is how the child was conceived.

Disproportionate Effects for Women with Disabilities

Women with disabilities experience sexual violence more frequently than their able-bodied counterparts. Women with disabilities also face more access barriers to receiving healthcare than their able-bodied counterparts. For assailants who want to dominate and control a victim, a woman with a disability is a prime target. Men with disabilities can be, too. I know a little bit about this myself. This bill will disproportionately help women with disabilities because they struggle disproportionately to access abortion services right now.

Disproportionate Effects for Indigenous Women

As some of you may know, I am Mi'kmaq First Nations, from the region that the colonizers now call the eastern maritime provinces of Canada and the State of Maine. Indigenous women everywhere experience higher rates of sexual violence than their settler counterparts, which is an ongoing part of settler colonialism. Indigenous communities struggle to access healthcare, and this is true for reproductive healthcare, as well. An important part of decolonization is improving access to abortion and all forms of reproductive healthcare.

Incentives for Assailants

Assailants, men who use sexual assault as a weapon to dominate and control women, may be lobbying against this legislation. They may think that they have an incentive to keep abortion access as restricted as possible. If their goal is to dominate and control women, they may want to make it as difficult as possible for women to rid themselves of any fetus conceived through sexual violence. The assailants may think that, if they can force the woman to carry their child, this gives them more power over her. If she can rid herself of the fetus, then she may be able to move forward with the other parts of healing, making the decision that his child will no longer grow inside her. If this legislation becomes law, it will give women more power over their own lives and take power away from the assailants. I think this is a great idea.

Mahalo for considering my mana'o.

Justin Mark Hideaki Salisbury (he/him/his)

808salisbury@gmail.com

HB-576-HD-1

Submitted on: 2/15/2021 6:18:08 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Amy Truong	Individual	Support	No

Comments:

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Amy Truong and I am writing today in support of HB 576.

Being able to access the wide range of reproductive health services has significantly impacted my success in my education, career, and overall well-being. I currently work at a local nonprofit and it is more important than ever that we ensure that patients and health care providers are not forced to travel to another island for reproductive health care. Many of the community members that I serve cannot afford to travel to another island for this type of care. Even with coverage of transportation, there are many other hidden costs of accessing abortion care in Hawai'i, including an increased risk of contracting COVID-19. Many patients must pay for the cost of childcare or take time off work to travel, resulting in lost wages. Missing work also often forces people to risk job security and to disclose confidential medical information to their employers, something that many of our community members cannot afford to do.

Mahalo for the opportunity to testify in support for this bill.

- Amy Truong

HB-576-HD-1

Submitted on: 2/15/2021 6:26:06 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan Ramos	Individual	Support	No

Comments:

Aloha,

In a place where abortion access is supported, it only makes sense — always, but especially during a pandemic — to make sure said access is true and equitable.

Studies have consistently and reliably found that safety is not compromised by allowing qualified licensed providers – such as nurse practitioners, certified nurse midwives, and physicians assistants – to perform abortion care, with no difference in the risk of complications for in-clinic abortion when performed by a qualified licensed provider versus a doctor.

Any ideas about restricting abortion can be proposed by those concerned with that issue, but so long as the law protects access, we should make sure that access is real and safe.

Thank you,

Dylan Ramos

96816

HB-576-HD-1

Submitted on: 2/15/2021 7:39:14 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren O'Connell	Individual	Support	No

Comments:

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Lauren O'Connell and I am a student and UH Manoa and resident of Honolulu and I am writing in support of HB576. Before I was born, my mother had a miscarriage. At the hospital they told her that they either couldn't or wouldn't give her the procedure she needed to terminate the already invalid pregnancy quickly. You can imagine my mother's turmoil, being sent back home knowing there was nothing she could do, and just being forced to wait. My mom only told me this story recently, when I started volunteering with Planned Parenthood, and even after over twenty years I could tell it was still hard for her to talk about.

Thinking that these kinds of accessibility barriers still exist in the year 2021 in a progressive state like Hawaii is shocking. Allowing qualified APRNs to perform abortion procedures will save lives. As it stands, the only three abortion providers in Hawaii are on Oahu. Folks living on Maui are forced to wait precious weeks for a time sensitive procedure waiting for these providers to travel, and people on Kauai, Lanai, and Molokai may not have access at all. During a public health crisis like COVID-19, women should never be forced to travel to receive essential care. Abortion care is often time sensitive and because of this the resultant travel would be at a high cost. There's an easy fix, one that would save women living on the outer islands the mental turmoil my mother had to face.

Thank you for the opportunity to testify in support for this bill,

Lauren O'Connell, 96826

HB-576-HD-1

Submitted on: 2/15/2021 8:00:10 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michele Nihipali	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Michele Nihipali and I am writing today in support for HB 576.

HB 576 will allow qualified advanced practice registered nurses (APRNs) and physician assistants (PAs) provide early abortion care. This bill would potentially allow people to receive care closer to their homes, lower wait times, and improve access on all islands. Forcing someone to travel to another island to access safe and legal abortion is an insurmountable burden for far too many Hawaii people. As we fight the COVID-19 pandemic, it's particularly risky to unnecessarily make people travel to get health care.

Women seeking to terminate an early pregnancy need to have safe and secure access to medical providers who can assist them without the additional burden of long distance travel. Abortion is a very personal decision that no woman takes lightly. Having supportive medical professionals available is critical. HB 576 will allow for more qualified medical caregivers to help women get this needed medical service.

Mahalo for your consideration,

Michele Nihipali

54-074 A Kam Hwy.

Hauula, HI 96717

HB-576-HD-1

Submitted on: 2/15/2021 8:35:35 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Shandhini Raidoo	Individual	Support	No

Comments:

Aloha,

I am writing this in strong support of HB 576, to allow APRNs and PAs to do aspiration abortions. I have been an abortion provider in Hawaii for almost 6 years, and many of my patients have had to travel to Oahu to receive care because there are no providers on their islands. This problem has been exacerbated with the COVID-19 pandemic and associated travel restrictions, forcing people to have to risk their health in order to travel for necessary care. APRNs and PAs are skilled healthcare professionals who can be trained to do aspiration abortions. I currently teach residents, physicians in training, to perform aspiration abortions and I know firsthand that a healthcare provider can be trained to competently and safely provide abortion procedures. Allowing APRNs and PAs to provide abortions will expand access to constitutionally guaranteed health care services to people across the state and support Hawaii's families by allowing them to receive care with healthcare providers within their communities. I urge you to support this bill and continue to support reproductive rights.

Sincerely,

Shandhini Raidoo, MD, MPH

Aaron Ling Joganson
House committee on Consumer Protection & Commerce
HB576 HD1
Wednesday February 17th, 2:00pm

Aloha Chair Aaron Ling Johanson, and Vice Chair Lisa Kitagawa for allowing me this opportunity to give my testimony before you today. My name is Kate Borsz and I'm a BSW junior student at the University of Hawaii at Manoa Thompson School of Social Work and Public Health. I stand before you today as a representative of my cohort and as a fellow individual of the community. I strongly support HB576, its purpose to allow advanced practice clinicians to provide early abortion care, in which would expand abortion access for individuals all over the state.

I support this bill due to the fact that it supports human rights of equal access to abortion. As a woman I feel it is my right and others to have safe access to abortion no matter their socioeconomic background or locality. The limited access to Abortion is unacceptable and unsafe for women, girls and LGBTQ+ individuals. Currently in the state of Hawai'i the access to abortion is very limited or nonexistent on many smaller islands such as Kauai and Molokai. The residents of these islands are forced to travel to another island which can be cost effective and can hinder someone's access to abortion. According to the UN the access to abortion is a human right and should be made accessible to everyone. In the opinion of Nancy Northup, President and CEO of the Center for Reproductive Rights the idea of abortion being a human right "provides the international community with a much-needed framework to hold governments accountable for the high rates of death and injury which occur when women are forced to seek out unsafe abortions." Some might argue that expanding access to abortion would be extremely costly. However, in the end the cost it will take to train nurses and physician assistants will counterbalance the cost associate with emergency care given to those that sought unsafe methods for abortion. Especially during these trying times, the Covid-19 pandemic has made the expansion of access to abortion more crucial. As we are told by our government to stay at home and not travel it is inhuman to expect scared women, girls and LGBTQ+ individuals to undergo long journeys to access a medical service that is considered a human right.

In closing I would like to state that I am in support of HB576, relating to health care; specifically, being able to expand safe abortion care to all Hawai'i communities.

Thank you for your time and consideration today,

Kate Borsz

University of Hawaii Manoa
Thompson School of Social Work & Public Health
BSW graduating class of 2021
Borsz@hawaii.edu
96815

HB-576-HD-1

Submitted on: 2/15/2021 10:11:33 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lea Minton	Individual	Support	No

Comments:

Dear Chair Johanson and Members of the Committee,

I am writing in strong support of HB576 HD1 in order to make access to abortion care more equal within our state. Disasters and pandemics only highlight the inequalities within our health care system when people in rural areas and neighbor islands are not able to receive the services they need. This impacts our entire State.

Trained healthcare providers include physicians, physician assistants (PA) and advanced practice registered nurses (APRNs). Evaluating a patient's condition, diagnosing and providing treatment inclusive of procedures is within all three of these providers scope of practice. Therefore PAs and APRNs are fully capable of providing aspiration abortion procedures if they are trained in the procedure. This means we do not need to rely solely on physicians within the State of Hawaii to provide this procedure and deliver care to our communities. This places a burden not only on physicians, but also on communities trying to access this reproductive health care service. Physician assistants are able to perform surgeries and procedures, while APRNs are able to assist in surgeries and perform procedures; each trained healthcare provider only practices within their scope. The amendment of this law does not extend reach beyond anyone's scope of practice, it merely brings it in alignment so that everyone can practice to the highest level they have been trained. We should no longer carve out abortion care as a separate health care service. Hawaii should ensure that any trained healthcare provider who desires to be fully trained to provide reproductive health services is allowed to deliver these services within their communities.

Thank you for this opportunity to testify.

Respectfully,

Le'a Minton, MSN, APRN, CNM, IBCLC

HB-576-HD-1

Submitted on: 2/15/2021 10:17:25 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joel Johnson	Individual	Support	No

Comments:

I write in support of this bill. Allowing medical professionals to perform tasks that they are trained how to perform is standard in the Medical industry. It seems to me that if there is no more danger for the woman during the procedure at a trained clinic (which there does not appear to be), then the only reason to restrict abortions to physicians is to try and restrict access to abortion generally. Forcing women to travel inter-island for reproductive healthcare isn't acceptable. We must protect and promote access to women's reproductive healthcare as if it is just as as important as any other type of healthcare, because it is!

Testimony to House Committee on Consumer Protection & Commerce

H.B. 576 HD1 relating to Healthcare (companion SB 624)

Wednesday, February 17, 2021

2:00 PM -- House Conference Room 329 via Zoom

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

1. I most strongly **OPPOSE** this bill, HB576 HD1 that reduces the quality of healthcare provided to women. No matter how many times it is amended, you will not be able to disguise that this bill removes protections for women's reproductive health. The bill must be stopped now.
2. I completely understand that medical professionals who have studied for years to become admired healthcare professionals do not want to be known for the taking of innocent life on a daily basis. It must be heart wrenching to see little babies (and some not so little) pulled apart by aspiration (suction) or cut up in pieces with a curette tool. The [risks](#) to the woman are serious and shouldn't be taken lightly. Even if it is called a "product of conception", you have to be blind not to see that it is a baby whose life has been terminated. I can imagine that most abortion doctors don't want their friends and family to know exactly how many babies have died as a result of their procedures. Who wouldn't want to have someone else to do that job (abortion) if they could find someone willing to do it? Having non-doctors do abortions may be good for the medical professional's conscience and reputation but it would be to the detriment and endangerment of patients.
3. Hawaii's hostility to the practice of medicine by medical doctors has created a doctor shortage in Hawaii and our state refuses to address. In fact, the extended (and unnecessary) lockdown for the corona virus situation has exacerbated the doctor shortage according to [reports](#). Rather than improving the conditions that would attract and retain trained medical doctors and facilitate the practice of medicine, the legislature is considering degrading the medical training requirements for services offered to women, endangering their lives and their future ability to have children. Abortion is not a simple medical procedure and complications can be life-threatening. Women die and suffer debilitating repercussions when emergencies are not quickly and professionally addressed. Reducing the skill set required for this procedure is not what is in the best interest of women and their families. Reducing the quality of care is not an option worthy of consideration by our elected officials.
4. Do not pass nor amend HB 576 HD1. It needs to be completely dropped from consideration. Address the doctor shortage instead.

HB-576-HD-1

Submitted on: 2/16/2021 7:04:02 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Harris	Individual	Support	No

Comments:

Dear Chair Ling Johanson, Vice Chair Kitagawa, and members of the House Committee on Consumer Protection & Commerce,

I am an obstetrician-gynecologist (OB/GYN) in Hawai'i, and I am writing in support of House Bill 576 which would increase access to basic healthcare by allowing advanced practice registered nurses (APRNs) and physicians assistants (PAs) to perform aspiration abortions.

As an OB/GYN, I have been privileged to work with highly skilled APRNs and PAs in a variety of clinical settings. They are an integral part of women's healthcare provision throughout Hawai'i. As the majority of aspiration abortions take place in the first trimester, this bill can significantly improve access to comprehensive reproductive care for women in Hawai'i.

We know that aspiration abortion procedures are safe in the hands of trained providers. The safety of trained APRNs and PAs performing this procedure has been repeatedly demonstrated through clinical research. This conclusion was confirmed by the National Academies of Sciences, Engineering, and Medicine, a non-partisan source that provides objective assessments of science and technology. After a successful multi-year pilot program, California passed a similar law, expanding abortion provision to APRNs, PAs and certified nurse midwives. Ten other states have similar laws.

Hawaii has always led the way in reproductive health care recognizing that abortion access is vital to women's health. The evidence is clear. This is not only safe, but needed. It is time Hawaii expands access to comprehensive women's healthcare, which is why I support HB 576.

Thank you,

Sara Harris, MD

HB-576-HD-1

Submitted on: 2/16/2021 7:18:20 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeanie Vance	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Jeanie Vance and I am writing today in support of HB 576.

I made the time to submit my testimony today because the success of this bill is so incredibly important. Given the dynamic of our islands, HB 576 is a great solution available to us. Especially in these covid times, those of us on the outer islands need this system to serve us properly or even at all! The current system is failing so many. We can fix this and it makes sense financially, too. Please consider the lives of so many and vote yes of HB 576.

As an older woman, I look back at the support I had using Planned Parenthood services as a young woman and I see the strong correlation between their services and my ability to take good care of myself at that time. Now a days it's even more difficult financially and logistically; please take this important action and vote yes for HB 576!

Thank you for the opportunity to testify in support for this bill,

Regards,

Jeanie Vance

jeanie@jeanievance.com

96753

Representative Aaron Ling Johanson, Chair
Representative Lisa Kitagawa, Vice-Chair
House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee;

I am an obstetrician/gynecologist in Honolulu, and I am writing today in strong support of HB 576. This bill would increase access to basic healthcare by allowing advanced practice registered nurses (APRNs) and physicians assistants (PAs) to perform aspiration abortions.

As an OB/GYN in Hawaii, I see daily the importance of access to comprehensive reproductive healthcare. My patients frequently travel far distances to access a physician. Currently, people on Kaua'i, Moloka'i, Lāna'i, and the west side of Hawai'i do not have access to a local provider who is able to provide aspiration abortions. Particularly in these areas, many women obtain their usual women's healthcare from advanced practice providers such as APRNs and PAs. These women have to travel long distances to access abortion care, accruing costs for travel, lodging, childcare, and missed work days. In Maui, a provider travels twice a month from another island to provide this care; otherwise, Maui residents have to travel to O'ahu. The COVID-19 pandemic has deepened the economic divides faced by the women of Hawaii, particularly impacting Native Hawaiian and Pacific Islander women. Thus, the costs of this travel have become even more of an obstacle for our patients in the past year.

After looking through the testimony that was submitted for this bill in its last hearing, I noticed that most of the opponents cite concerns about safety for women and girls in Hawaii. My fellow OB/GYNs and I care deeply about our patients' safety. As scientists, we rely on evidence and data to conclude that advanced practice providers can be trained to safely provide this care. The safety of trained APRNs and PAs performing aspiration abortion procedures has been repeatedly demonstrated through clinical research. This conclusion was confirmed by the National Academies of Sciences, Engineering, and Medicine, a non-partisan source that provides objective assessments of science and technology. After a successful multi-year pilot program, California passed a similar law, expanding abortion provision to APRNs, PAs, and certified nurse midwives. Ten other states have similar laws. A large study in California demonstrated that, after appropriate clinical training, advanced practice providers were just as capable as physicians at providing aspiration abortions. In the study, the rate of complications was low for APRN/PA/CNM providers as it was for physicians. The vast majority of complications noted in the study were considered "minor" complications.

Aspiration abortion is a procedure that we master within the first year of our training as OB/GYNs. Furthermore, the procedure itself is quite similar to others that APRNs and PAs already provide, such as the placement of an IUD or taking a uterine biopsy. I have no doubt that they can learn this skill too.

Hawaii has always led the way in reproductive healthcare recognizing that abortion access is vital to women's health. The evidence is clear. This change is safe, and needed. It is time Hawaii expands access to comprehensive women's healthcare, which is why I support HB 576.

Thank you for the opportunity to testify in support for this bill,

Samantha Kaiser, MD

HB-576-HD-1

Submitted on: 2/16/2021 7:49:09 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
sandie moss	Individual	Support	No

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homlessness

Dear Chair Yamane, Vice-Chair Tam, and esteemed member of the committee.

My name is Sandie Moss and I am writing today in support for HB 576.

I have always had the privilege of accessing affordable reproductive health care to take care of my body as needed. I am now over the age to need abortion. Yet, being able to access the wide range of reproductive health services has made a difference in my life.

Our neighbor islands are struggling immensely when it comes to abortion access and are forced to travel long distances, potentially exposing themselves to COVID-19, on top of the other financial responsibilities of traveling to get care.

Authorizing licensed physician assistants and advanced practice registered nurses to perform certain abortions would help more women access important reproductive health care services.

APRNs and nurses in general have earned a reputation for listening and patient-centered care. No matter one's views on abortion, it can be a difficult, frightening, and distressing time for those individuals making this choice. Having a provider who will take the time to truly listen and provide education and follow-up care, including taking the time to explore options for prevention of future unwanted pregnancies, is drastically needed in Hawai'i.

I respectfully urge you to pass HB 576 to ensure that everyone in Hawai'i has safe and equitable access to lifesaving care.

Thank you for the opportunity to testify in support for this bill,

Sandie Moss

HB-576-HD-1

Submitted on: 2/16/2021 8:49:47 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Tamala	Individual	Oppose	No

Comments:

Aloha,

My name is Danielle Tamala and I am a Native Hawaiian mother and grandmother who is in

Strong opposition to HB576!

My biggest concerns is that **Advanced practice registered nurses (APRN) and Physicians assistants (PA) donot have the same training as a Physician.**

In the absence of a qualified licensed physician the Healthcare of Hawaii's women are downgraded and this is unacceptable! This procedure of a early term aspiration abortion is delicate, and should not be taken lightly as the possibilities of cervical lacerations, uterine perforation, bowel perforation and hemorrhaging could occur.

Please put the health and well being of our Wahine O ka Aina at the forefront of your consideration and vote **NO TO HB576**

Mahalo,

Danielle Tamala

Representative Aaron Johanson, Chair
Representative Lisa Kitagawa, Vice-Chair
House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Sonia Blackiston and I am writing today in support for HB 576.

Hawai'i's outdated law restricts the provision of early in-clinic abortion care to physicians. The limited availability of abortion physicians leads to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.

People on Kaua'i, Moloka'i, and Lāna'i, and the west side of Hawai'i do not have access to a local care provider and are forced to travel long distances to access care, increasing costs for travel, lodging, and childcare. People on Maui only have access to a provider twice each month and the provider must fly from another island.

COVID-19 has worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, expensive, and risky to viral spread. Travel to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, rural people, and young people.

To reduce costs and ensure patients can safely access health care, especially during COVID-19, qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early abortion care, it is more important than ever that we ensure that patients and health care providers are not forced to travel to another island for reproductive health care.

Thank you for the opportunity to testify in support for this bill,

Sonia Blackiston
Kapolei, HI

HB-576-HD-1

Submitted on: 2/16/2021 9:01:59 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Neal MacPherson	Individual	Support	No

Comments:

Dear Rep. Aaron Johnson and Membes of the Consumer Protection and Commerce Committee:

HB 576 is a bill that will allow women to access abortion services, especially on the neighbor islands. Hawai`i has been exemplary in its history of affirming a woman's right to choose. As a member of the clergy serving churches in our state for the past forty-three years, I am aware that there are many who oppose abortion as a matter of conscience but who nonetheless affirm the right of women to make this decision for themselves. This bill will allow more women who choose to do so to access abortion services, which is a good thing during this time when the pandemic threatens access to these services. I fully support HB 576.

Respectfully submitted,

Rev. Neal MacPherson

Retired Pastor, United Church of Christ

HB-576-HD-1

Submitted on: 2/16/2021 9:38:15 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Bilyk	Individual	Support	No

Comments:

Rep Johanson, Chair and Members of the Committee on Consumer Protection Nd Commerce

February 17, 2021 2pm Re: HB 576 HD 1 Health Care

Good Afternoon.

I am Patricia Bilyk, an Advanced Practice Registered Nurse.I've been practicing in the State of Hawai'i for 49 years.

I stand in STRONG SUPPORT of HB 576 HD 1.

I feel it is appropriate and financially beneficial to utilize trained and qualified health professionals such as Advanced Practice Registered Nurses and Physician Assistants to provide abortion services in our State. Specifically on the Neighbor Islands, these services could be provided safely in an approved clinic setting (more economical too) or in the hospital.

I feel it is extremely important for our State to do all it can to preserve a women's right to safe and accessible abortion services wherever she lives in these Islands. Traveling from a Neighbor Island to Oahu to obtain abortion services puts undue stress both mentally and financially on the woman and her family. The woman needs to wait for care when every day that she is pregnant makes it more difficult to complete the procedure. Having to fly to Oahu, pay for accommodations/food/transportation and be without her partner or family member is very difficult. No woman should have to go through these things to obtain a legal health procedure!

I implore this Committee to pass HB 576 HD 1 affirmatively out of this Committee.

Thank you.

Patricia L. Bilyk RN, MSN, MPH

Representative Aaron Ling Johanson, Chair
Representative Lisa Kitagawa, Vice Chair
House Committee on Consumer Protection & Commerce

Friday, February 5th, 2021
Hawaii State Capitol via Video Conference

In support of H.B. 576, HD1, Relating to health care.

Dear Chair Johanson, Vice Chair Kitagawa, and esteemed members of the committee,

My name is Emma Ishihara, and I am a lifelong resident of Hawai'i and a student at the University of Hawai'i at Mānoa. Growing up in Hawai'i, I have witnessed the difficulties of living on an island in the middle of the ocean with limited access to services and products. My grandparents worked on plantations on the Windward Side of our island in the 1930s -'40s and labored to afford me the opportunities and resources that I have access to today. Now, it is our turn to make sure that the next generations have access to opportunities and resources that will allow them to flourish as residents of Hawai'i.

Today, I would like to submit my strong support for H.B. 576, HD1, Relating to Health Care. The people of Hawai'i are currently suffering from a lack of access to reproductive health services, especially abortion services. This especially impacts people from **low-income neighborhoods and families**, many of whom are of minority, such as Native Hawaiian and other Pacific Islander, descent.

Currently, a person who would like to go through with an abortion procedure must take great time and effort to connect with abortion clinics and **fly to O'ahu or Maui** just to have their procedure. By the time many people would be able to get to those clinics, a relatively simple procedure like an aspiration abortion could no longer be an option and they may have to **abort later in their pregnancies** because of the current lack of access.

This bill would greatly expand peoples' access to this essential health procedure and support reproductive justice across the Hawaiian Islands. Advanced practice registered nurses (APRNs) and Physicians Assistants (PAs) live in areas of Hawai'i where doctors who are currently allowed to perform abortion procedures do not. The people in those areas would greatly benefit from the expansion of the scope of allowed practices that APRNs and Pas provide.

Thank you so much for the opportunity to testify in support of this bill,

Emma M N Ishihara.

HB-576-HD-1

Submitted on: 2/16/2021 11:01:59 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Cheney	Individual	Support	No

Comments:

Testimony Template for HB 576

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Lauren and I am writing today in support for HB 576.

Please make easy abortion access on all islands. We already have overpopulation, let's support planned pregnancies instead of unplanned hardships.

Thank you for the opportunity to testify in support for this bill,

Lauren Cheney

duffylove@gmail.com

Lihue, HI

Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice-Chair
House Committee on Health, Human Services and Homelessness

Dear Chair Yamane, Vice-Chair Tam, and esteemed members of the committee,

My name is Mikaila Samsen and I am writing today in support for HB 576.

I am a 21-year-old woman living in Maui County, studying at the University of Hawai'i at Manoa. Throughout my life, I have been privileged with access to reproductive healthcare through my parent's insurance providers. Additionally, I have been lucky enough to reside in places where there is a Planned Parenthood nearby.

During my internship with Planned Parenthood Votes Northwest and Hawai'i I have learned about the lack of access to reproductive healthcare services throughout this state. The communities on Kauai, Lanai, Molokai, and Big Island are unable to have the same access to services such as abortion care because there are no Planned Parenthood facilities. Women on these islands are only able to receive abortion care if they have a health care provider willing to do this procedure and if their insurance will cover the cost.

Many women are forced to travel to our Maui or Oahu clinics for abortion care if they live on the neighbor islands. Inter-island travel is not commonly a simple process for women seeking abortion care. Depending on what type of insurance the individual has, they might have to pay for the travel out of pocket. Regardless of the airfare cost, it is important to consider that these individuals may already have children to care for. It is also important to consider that it can be hard for some people to take work off to travel inter-island, especially due to the changes of COVID-19.

I find it frustrating that the state of Hawai'i protects women's right to abortion in writing, but in reality, not all women have this access. I believe that increasing privileges for other healthcare professionals (such as APRN's) to provide abortion care in the state of Hawai'i will be a monumental step for our state. Women in all parts of our state should be able to make the decision about becoming a parent, regardless of their socioeconomic status, race, or identity. I urge you to pass HB 576 in order for all women in the state of Hawai'i to have equitable access to abortion care.

I appreciate this opportunity to testify in support for this bill,

Mikaila Samsen

mbsamsen@hawaii.edu

96779

HB-576-HD-1

Submitted on: 2/16/2021 11:27:29 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Irina Constantinescu	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Irina Constantinescu and I am writing today in support for HB 576.

Thank you for all that you do for our communities and the time and energy you dedicate to their betterment. I am a 39-yr old woman, resident of Wailuku, Maui. I am currently an environmental engineer with a career that affords me reasonable access to health care. However, I have not always had such privilege. Being able to access the wide range of reproductive health services has significantly impacted my success in my education, career and overall well-being.

As a college student on a very limited income, I was humbled and grateful for the free health care services I received as a young woman. The best to pay-it-forward is to advocate for those in need. It is extremely worrisome to realize the extend of health services unavailable to the communities most in need at this time.

Our neighbor islands are struggling immensely when it comes to abortion access and are forced to travel long distances, potentially exposing themselves to COVID-19, on top of the other financial responsibilities of traveling to get care. The services are

extremely time sensitive and adequate timely care can be the difference between a bright or bleak future for some of our youth. Please protect their future, and Hawaii's, by allowing abortion access through a variety of qualified health care professionals and passing HB576. These health care professionals often perform far more invasive procedures without question and it is discriminatory to deny them the right to provide abortion services (which are just a small part of the overall family planning and reproductive services Hawaii needs).

Reproductive health care doesn't simply need to be protected under the law, but equitable access is also necessary. A right without access is not a right at all and I respectfully urge you to pass HB 576 to ensure that everyone in Hawai'i has safe and equitable access to lifesaving care.

Thank you for the opportunity to testify in support for this bill,

Irina Constantinescu

Irinac42@gmail.com

Wailuku, HI 96793

HB-576-HD-1

Submitted on: 2/16/2021 11:42:45 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anna Chua	Individual	Support	No

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homelessness

Dear Chair Yamane, Vice-Chair Tam, and esteemed members of the committee,

My name is Anna Chua and I am writing today in support of HB 576.

I'm a 21-year-old international student from Malaysia living on O'ahu. I spent most of my life not having any access to reproductive healthcare or knowledge about what it's like to have autonomy over my body. My access to reproductive healthcare has improved significantly since settling in Honolulu to attend university, and even though I still experience barriers to access due to insurance complications, knowing that there is a Planned Parenthood right down the street provides me with a sense of comfort—a form of security and wellbeing that many in Hawai'i do not have the privilege of experiencing.

As a student intern and volunteer for Planned Parenthood, I am fueled by the stories from community members and organizers surrounding reproductive justice. However, it is beyond disheartening to learn about the extreme barriers that people face in accessing care. Basic reproductive rights, freedom and healthcare are still stigmatized and inaccessible for Native Hawaiian and other Pacific Islander women, Black women, women of color, the LGBTQIA+ community, youth, folx from low-income and working-class communities, as well

as victims of domestic violence and/or intimate partner violence. Reproductive freedom is still unjust if it does not serve and benefit the wellbeing of everyone.

People on Kaua'i, Moloka'i, and LÄ• na'i, and the west side of Hawai'i do not have access to a local care provider and are forced to travel long distances to access care, face increasing costs for travel, lodging, and childcare. People on Maui only have access to a provider twice each month and the provider must fly from another island. COVID-19 has only further devastated access to abortion care.

The existing financial and logistical barriers to care have worsened this past year, hence making travel to access abortion care exceedingly difficult, expensive, and risky to viral spread. Travel to reach care is an insurmountable barrier for people who already face marginalization and systemic barriers to care.

To reduce costs and ensure patients can safely access health care, especially during COVID-19, qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early abortion care. It is more important than ever that we ensure that patients and health care providers are not forced to travel to another island for reproductive health care.

Growing up in a place where abortion is illegal and where access to reproductive healthcare is little to none, I firmly believe that access to reproductive healthcare is not a protected right until there is guaranteed equitable access for all. I respectfully urge you to pass HB 576 so that everyone in Hawai'i has equitable, safe and rightful access to care.

Thank you for the opportunity to testify in support of this bill,

Anna Chua

annachua@hawaii.edu

96826

HB-576-HD-1

Submitted on: 2/16/2021 11:49:27 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Becky Gardner	Individual	Support	No

Comments:

I strongly support this bill. Enabling more medical professionals to perform aspiration abortion care will free up our limited force of physicians to provide more specialized treatment. The net result is greater access to reproductive health care (and health care in general) - particularly in our remote, neighbor island communities. The improved access will ripple through our state.

Representative Aaron Johanson, Chair
Representative Lisa Kitagawa, Vice-Chair
House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Anastasia, and I am writing today in support of HB 576.

There are many reasons why abortion is one of the hardest things a woman can go through, but a lack of access should not be one of them. Yet, this is the current reality of many women across the islands.

Hawai'i legalized abortion before the landmark Supreme Court decision in Roe v. Wade. I thought we were doing good as a state. I grew up on Maui, and we had access to a provider who flew over once or twice a month. But these rights are not in everyone's reach. I started looking into access for women from rural areas and the neighbor islands; it was hard to believe that women from Kaua'i, Molokai, and Lāna'i have to fly to O'ahu for care. I had no idea what women have been going through.

I put myself in the shoes of a single mother with three children making one of the hardest decisions in my life and thought: "How will I afford the extra expenses?" "Who will take care of my children?" "How will I get to the airport?" or "What about the pandemic?". I would be terrified.

I humbly ask that you, too, take a moment to put yourselves in the shoes of women who come across these barriers every day; women who are mothers, who experience domestic violence, or women who are financially struggling due to the loss of a job during this pandemic.

Giving qualified providers the ability to care for women in their time of need can make a tremendous difference by expanding access to vital healthcare for women across Hawai'i.

Thank you for the opportunity to testify in support of this bill,

Anastasia Sanft
96708

HB-576-HD-1

Submitted on: 2/16/2021 12:40:37 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brooke Hunter	Individual	Support	No

Comments:

Representative Aaron Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Brooke Holliday Hunter and I am writing today in support for HB 576.

As a 31 year old woman born and raised in Honolulu, I have had the privilege of accessing both private and publicly available reproductive health care to take care of my body as needed. This privilege has enabled me to pursue my personal and professional interests unencumbered by social or financial burdens related to my health and well-being.

As a volunteer for Planned Parenthood of Hawaii and as an attorney in Honolulu, I have been able to advance my strongly held belief that healthcare is a human right. Our local Planned Parenthood provides so many in our community access to comprehensive, confidential, and affordable healthcare services that would not otherwise be available to the uninsured or underinsured.

Through my volunteering with Planned Parenthood, I became aware of the extreme inequities in abortion access on the neighbor islands. Such barriers to access are ever-increasing amidst the ongoing healthcare crises and global pandemic.

Equal protection and access to reproductive health must be enshrined in our state's laws. I therefore respectfully and passionately urge you to pass HB 576 to ensure that everyone in Hawai'i has safe and equitable access to lifesaving care.

Thank you for the opportunity to testify in support for this bill,

Brooke H. Hunter

brookehunter@gmail.com

96822

HB-576-HD-1

Submitted on: 2/16/2021 12:42:25 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley de Coligny	Individual	Support	No

Comments:

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

I am writing to you today in strong support for HB 576.

As a mother of two, and as a woman who has had an abortion, I deeply understand why early, affordable, and easy-to-access abortion care is so important. Hawaii's outdated law restricts this service to physicians, in which the limited availability can place insurmountable barriers upon those who don't have the privilege of easily-accessible care. To reduce costs and to ensure patients can safely access health care, especially during the pandemic, qualified licensed providers like APRNs and PAs should be allowed to provide early abortion care. Patients and health care providers should not have to travel to another island for this basic reproductive care service.

This issue is deeply personal to me. I now have the privilege of easily-accessible care, but I remember when I was young, poor, terrified, vulnerable, and in need of expensive reproductive care that was only available in a neighboring city. I now try to advocate for any woman needing the same. All women in need of basic health care shouldn't have extra barriers placed before them to access it. I respectfully urge you to pass HB 576 to ensure that everyone in Hawaii has safe and equitable access to lifesaving care.

Thank you,

Ashley de Coligny

Kaneohe, HI 96744

HB-576-HD-1

Submitted on: 2/16/2021 12:47:52 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
michelle montgomery	Individual	Support	No

Comments:

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee,

My name is Michelle Montgomery and I am writing today in support for HB 576.

I grew up in a conservative area of CA where sex ed was based on "abstinence only". Since this approach obviously doesn't work, there was a high rate of unplanned pregnancies and abortion services were extremely limited (as well as access to preventative care). The unequal access to reproductive care, including abortions, greatly contributed to maintaining a large low-income/poverty level demographic within that area. Honestly, Planned Parenthood was the only clinic a person could go to safely receive the care they required. When I moved here in 2002, I quickly realized that this experience was not a unique to where I grew up. It is the same in Hawaii. Here, teen pregnancies and adult unwanted and unplanned pregnancies are "the norm". Once a teen or woman has a child, her opportunities to advance in life become fewer and and more difficult to achieve. This perpetuates a poverty cycle.

Currently, there are very few places a woman can seek comprehensive reproductive care, including abortions. Most women have to travel long distances and/or inter-island in order to receive proper medical care. This is often unattainable due to time or cost restrictions and prevents the equal access to health care that all Hawaii residents deserve. Outdated and archaic laws prevent equal access to health care, including abortions. Over the past few years, calls and support for equal access to health care have grown. This support cannot not restrict the type of care provided to a person, based on another person's belief system, as that would infringe on the rights of the person seeking medical care. Abortion is a controversial topic, but it is a medical decision that belongs to the woman seeking care as it is her life at risk and in more ways than one. To withhold access to abortion and other reproductive care from the majority of the state, you effectively and actively perpetuate poverty and stagnation within Hawaii's communities.

I ask that HB 576 pass and that Hawaii's legislature work towards a solution in providing all of Hawaii with equal access to health care, such as abortions.

Thank you for the opportunity to testify in support for this bill,

Michelle Montgomery

mpaulimonte@yahoo.com

96720

HB-576-HD-1

Submitted on: 2/16/2021 1:01:16 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
brandi corpuz	Individual	Support	No

Comments:

Aloha my name is Brandi Corpuz and I am a resident of Kihei Maui. I am in strong support of HB576 because all women should have equal access to their own body and future. There are several key reasons why. First off its our body and no one else should have a say in what happens to our bodies. If people can not be forced to seek medical care or forced to stay in treatment, then a womans medical history or procedures should be viewed in the same way. Second; a woman may have underlying medical issues that forces her to have an abortion. If this is the case then the woman who has these issures should be the only one to decide what is best for her. Other people may not feel the same way a woman feels about her body and they should never have a right to make her do anything. Please vote yes on this bill to allow equal rights to all women to do what they think is best for their own body. Thank you, Brandi Corpuz

To: Hawaii State House Committee on Consumer Protection and
Commerce
Hearing Date/Time: Wednesday, February 17, 2021 (2:00 pm)
Place: Hawaii State Capitol, Rm. 329
Re: Testimony in support of HB576 (relating to health care)

Aloha Representative Aaron Ling Johanson (Chair), Representative Lisa Kitagawa
(Vice Chair), and Committee Members,

I am grateful for this opportunity to testify in **strong support of HB576 HD1
(relating to health care)**.

This bill is not about the provision of abortion care, which is already available to women in Hawaii, by current law. HB576 is about **access** to care, which is inequitable across the islands. All women in Hawaii have the legal right to obtain an abortion, but rights mean nothing if you live in Kaunakakai, Molokai, or Kailua-Kona, Hawaii Island, or Lihue, Kauai, among other locations. Women need to fly to Oahu for services, which is expensive, and takes time. In the case of Maui, physicians fly to the island to provide reproductive health services, which is also expensive, and takes time. All of these services provided to neighboring islands come to a grinding halt in a pandemic, when flights are limited. The result is that women have legal, but not actual rights to abortions, part of standard reproductive health care.

Allowing “physician assistants and advanced practice registered nurses” to “safely and effectively provide aspiration abortion care” relieves the above barriers to women’s healthcare, as stated clearly in the bill. There are methodologically-sound studies showing that nonphysician clinicians offer the same level of safety as physicians (e.g., Freedman et al. 1986; Weitz et al. 2013). The research supports similar laws in a number of other states (e.g., California: nonphysician clinicians; Vermont: physician assistants since 1975; Montana; Oregon; New Hampshire). Let’s follow their lead, and diminish the perils imposed by geography on women’s health. Plus, please implement this bill as soon as possible, given the needs of women on the neighboring islands

In conclusion, **I urge the passage of HB576.**

Thank you for the opportunity to testify.

Sincerely,

Susan J. Wurtzburg

Susan J. Wurtzburg Ph.D.

HB-576-HD-1

Submitted on: 2/16/2021 1:32:20 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Owen	Individual	Oppose	No

Comments:

I strongly oppose this bill!

Being a mother of 5 adult children and a grandmother to 9 grandchildren, most of them are female. I want to make sure my daughters and granddaughters receive the care they deserve from well trained doctor. Abortion is bad enough for the infant in the womb being murdered, but this bill puts the mother's health at risk too. Abortion proponents have being using health of the mother as a concern to allow for aborting their infant, but this bill does not have her health in mind at all. This is craziness. You might as well let her deliver the baby and then put a bullet in its head that would be a safer and more humane way of killing a human being. Of course I am not being serious, but hoping you can see the point I want you to grasp, it's risky. When is the line going to be drawn on taking a babies life?

HB-576-HD-1

Submitted on: 2/16/2021 1:59:50 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kerrie Villers	Individual	Oppose	No

Comments:

Chair and Committee Members,

I strongly oppose this measure and ask that you vote against it.

Women and particularly young girls should not have their health jeopardized by reducing their quality of care in the name of convenience and "accessability".

Thank you.

Kerrie Vilers

HB-576-HD-1

Submitted on: 2/16/2021 3:38:18 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dara Carlin, M.A.	Individual	Oppose	No

Comments:

From Holy Love Ministry on January 31, 2021:

"Once again, I (Maureen) see a Great Flame that I have come to know as the Heart of God the Father. He says:

'Despite mankind's indebtedness to Me, I never reject a repentant heart. Sorrow for sins is the key to My Mercy. My Mercy is from age to age and endures forever. The human heart must be convicted of his wrongdoing and regret his sins. Then, I will flood his soul with My Unbounded Mercy.'

'Today, however, I do not see that there is regret on the part of politicians in their role for easy access to abortion. They do not live in the Truth of good versus evil. Rather, they view their office as the means of their infallibility. But, My Commandments do not change or bend according to a soul's importance in the world. Every soul - no matter his station in the world - is liable to My Judgment which is based upon his obedience to My Commandments. **The Truth is life begins at conception - anyone who interferes with the human life thereafter is guilty of murder.** This cannot be changed because of unpopularity. Mankind's acceptance or rejection of this determines the future of his soul.'"

HB-576-HD-1

Submitted on: 2/16/2021 5:00:59 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alfred Hagen	Individual	Oppose	No

Comments:

As an invasive procedure, abortion has inherent risks and using anyone else other than a licensed physician to perform the abortion increases the chances of injury or worse when complications arise because he/she has not gone through the training of a licensed physician. When I go to a doctor I expect to be seen by a doctor, not a RN, LPN or CNA. Using anyone else other than a licensed physician communicates the message to the woman receiving the abortion and everyone else that women do not deserve the highest level of care. This is quickly moving in the direction of the procedure being NOT SAFE. So, I urge you to vote NO on HB576.

HB-576-HD-1

Submitted on: 2/16/2021 5:17:06 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Kau'i Young	Individual	Support	No

Comments:

- **Hawai'i's outdated law restricts the provision of early in-clinic abortion care to physicians. The limited availability of abortion physicians leads to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.**
- **People on Kaua'i, Moloka'i, and LÄ• na'i, and the west side of Hawai'i do not have access to a local care provider and are forced to travel long distances to access care, increasing costs for travel, lodging, and childcare. People on Maui only have access to a provider twice each month and the provider must fly from another island.**
- **COVID-19 has worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, expensive, and risky to viral spread.**
- **Travel to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, rural people, and young people.**

For the reasons I mentioned above, I support HB 576. Let's help our people manage their health and futures wisely.

HB-576-HD-1

Submitted on: 2/16/2021 5:48:16 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Guy Yatsushiro	Individual	Oppose	No

Comments:

This is NOT "health care"

HB-576-HD-1

Submitted on: 2/16/2021 6:00:15 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Whitcraft	Individual	Oppose	No

Comments:

I strongly oppose this. The blood of the preborn must not continue to be shed.

HB-576-HD-1

Submitted on: 2/16/2021 6:03:40 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carlotta Kidder	Individual	Oppose	No

Comments:

OPPOSE

HB-576-HD-1

Submitted on: 2/16/2021 6:16:05 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Weasler	Individual	Oppose	No

Comments:

Jeremiah 1:5: “Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations.”

“The greatest destroyer of peace in the world today is abortion, because it is a direct war, a direct killing.” - Mother Teresa.

“If we accept that a mother can kill even her own child, how can we tell people not to kill one another?” - Mother Teresa

HB-576-HD-1

Submitted on: 2/16/2021 6:45:54 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lucia Xiong	Individual	Support	No

Comments:

Representative Aaron Ling Johanson, Chair

Representative Lisa Kitagawa, Vice-Chair

House Committee on Consumer Protection and Commerce

Dear Chair Johanson, Vice-Chair Kitagawa, and esteemed members of the committee;

I am an obstetrician/gynecologist in Honolulu, and I am writing today in strong support of HB 576. This bill would increase access to basic healthcare by allowing advanced practice registered nurses (APRNs) and physicians assistants (PAs) to perform aspiration abortions.

One of my patients comes to mind when I think about who would directly benefit from this bill. She was scheduled several times to present for an aspiration abortion, but due to a variety of financial obstacles and social obligations, she was unable to come until later in her 2nd trimester. Had she had access to a local provider closer to her home, perhaps she would have been able to get the procedure she desired at an earlier point when it is a safer procedure. I had another patient here in Oahu who had difficulties getting to her appointment for an abortion 10 miles away because she did not have a car and had difficulties taking off time from work while caring for her other 3 children. I cannot imagine the difficulties that arise when patients have to travel by plane to access a necessary procedure for their health.

The safety of trained APRNs and PAs performing aspiration abortion procedures has been repeatedly demonstrated through clinical research. This conclusion was confirmed by the National Academies of Sciences, Engineering, and Medicine, a non-partisan source that provides objective assessments of science and technology. After a successful multi-year pilot program, California passed a similar law, expanding abortion provision to APRNs, PAs, and certified nurse midwives. Ten other states have similar laws.

Hawaii has always led the way in reproductive healthcare recognizing that abortion access is vital to women's health. The evidence is clear. This change is safe, and needed. It is time Hawaii expands access to comprehensive women's healthcare, which is why I support HB 576.

Thank you for the opportunity to testify in support for this bill,

Lucia Xiong, MD

HB-576-HD-1

Submitted on: 2/16/2021 7:47:47 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Erica Flora	Individual	Oppose	No

Comments:

I oppose this.

HB-576-HD-1

Submitted on: 2/16/2021 9:04:03 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Duffy	Individual	Oppose	No

Comments:

Oppose.

HB-576-HD-1

Submitted on: 2/16/2021 9:58:32 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Timothy Haas	Individual	Oppose	No

Comments:

I OPPOSE this bill. Mahalo, Timothy

HB-576-HD-1

Submitted on: 2/16/2021 10:04:54 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Theresa Haas	Individual	Oppose	No

Comments:

To Whom It May Concern,

All life is precious and should be protected.

I oppose this bill, and I know many others who do, as well.

Mahalo,

Theresa

HB-576-HD-1

Submitted on: 2/16/2021 10:07:51 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
MARGARET M. JOHNSON	Individual	Oppose	No

Comments:

Hawaii is the "Aloha" State. This bill is an effort to move further down the path of legislating DEATH. This is not Aloha for anyone. Hawaii's constitution incorporates the concept of life and ohana and aloha as an overarching concept to be considered with all legislation. The people targetted for easier killing by this bill are the most helpless of all. They have no voice -- no one to speak for them unless we do. Please do not move Hawaii further down the path of death and killing our children for our own selfish reasons. Please do not do this. Killing should never be easy. This is a terrible move. I pray you will each be attentive to the voices of these helpless children, our future, crying out to have an opportunity to live, to grow and to contribute to the good of our society. I pray you will each hear the voice of God, Who in His wisdom chose the womb of the mother as the safest place for His children to develop in their most helpless and vulnerable beginnings. God bless each of you and grant you His wisdom and courage.

HB-576-HD-1

Submitted on: 2/16/2021 11:08:12 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth A Quinn	Individual	Oppose	No

Comments:

I strongly oppose this!

HB-576-HD-1

Submitted on: 2/17/2021 6:09:51 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
chelsea pang	Individual	Support	No

Comments:

I support this bill

we need to provide equal healthcare to rural and urban women especially around reproduction as this greatly affects their potential prosperity.

HB-576-HD-1

Submitted on: 2/17/2021 7:00:22 AM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Stefan Neikes	Individual	Oppose	No

Comments:

I oppose this legislation because it would hurt a living human being.

Before the
Committee on Consumer Protection and Commerce
Chair Representative Aaron Ling Johanson
Vice Chair Representative Lisa Kitagawa

On the following measure:
H.B. 576 H.D. 1 RELATING TO HEALTH CARE

Tuesday, February 17, 2021
2:00 PM
State Capitol, Conference Room 329
VIA VIDEOCONFERENCE

Aloha Chairman Johanson and Committees,

My name is Jenny Mae Respicio and I am an MSW graduate student at the University of Hawaii at Manoa at the Thompson School of Social Work & Public Health. I support H.B. 576 H.D. 1, which will authorize licensed physician assistants and advanced practice registered nurses to perform aspiration abortions. Abortion is a vital healthcare and women have been facing limited access to abortion for so long due to the very few clinics that offer abortion services in Hawaii.

By passing this bill, it will allow Advanced Practice Clinicians to provide early abortion care and expand abortion access for people all over the state of Hawaii, including the residents of the neighbor islands. Living in rural areas, such as the neighbor islands, make it hard to safely access health care services like abortion. Due to this, some people resort to travel to another island or state for reproductive health care. Especially with the changes facilities had to make due to COVID restrictions, getting access to this procedure is challenging.

In addition, this bill will benefit many disadvantaged population groups, such as low-income immigrants, victims of domestic violence and/or intimate partner violence, and much more. As a woman of color who grew up in a low-income immigrant community, I have witnessed many

women experience this, such as my own mom, grandma, aunties, and cousins, as well as myself. During my time as a social work student, I noticed that these various barriers disadvantaged populations experience has been barely addressed and something definitely needs to be done about it.

Mahalo for the opportunity to testify in favor of H.B. 576 H.D. 1.

Jenny Mae Respicio

HB-576-HD-1

Submitted on: 2/17/2021 2:40:14 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
CARLOTTA OQUENDO	Individual	Oppose	No

Comments:

I strongly oppose HB576. This is not health care. It never was and despite the many ways this bill is written, it will never be anything more than a means to lawfully commit murder. The fetus (little one) living in the mother's womb is innocent and deserves to be nurtured. Not brutally murdered. The little one is developing little hands, little feet, a heart, a brain, a nervous system, vital organs, and blood is already running through their veins. Just because you can't see it, the little one is a person. No matter what stage of life, it is a human being. Imagine if someone had terminated your life. If they decided that you would be a burden, an inconvenience, unwanted, or was simply apathetic and didn't care. Do you have value? Does your life have worth? Of course it does. We need to protect life, all life. From its inception and beyond. Not create more laws to provide a greater avenue to take life.

My sister was the victim of a rape. That rape produced a baby. My sister kept her daughter. When she looks at my niece, she doesn't see anything but genuine love for her. Had she decided to terminate her, we would never know the joy of having her, of watching as she grew into a lovely woman, having a baby of her own, an abiding citizen, contributing to society, volunteering her time to assist clubs and events, and being a genuinely kind person. We don't look at my niece and think, "oh, there's the rapist's daughter". We love her because she is ours. Plain and simple.

I have friends who are unable to have their own baby and have signed up for adoption. One will be aging out soon and will no longer be qualified to adopt. There are not enough girls/women having babies as the push from society has been to abort. I have had two friends who aborted their babies because they viewed them as nothing more than embryos and fetuses. Both were 19 at the time they aborted and have lived to regret it. They wish that they were given an ultrasound or other information to show the life of their unborn baby. The guilt they both carry is a burden that stays with them, despite my attempts to bring comfort and peace.

Bottom line. There is never any good excuses for aborting a baby. None!

HB-576-HD-1

Submitted on: 2/17/2021 2:56:07 PM

Testimony for CPC on 2/17/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Shorba	Individual	Oppose	No

Comments:

I oppose this bill. Abortion in itself is not health care...women report serious emotional, psychological and spiritual suffering after abortion and a child dies. We must do more to support and protect the health of pregnant women and their unborn children. Please oppose this measure.

Mahalo!

Lisa Shorba