

Testimony of the Board of Nursing

**Before the
House Committee on Judiciary & Hawaiian Affairs
Tuesday, March 2, 2021
2:00 p.m.
Via Videoconference**

**On the following measure:
H.B. 576, H.D. 2, RELATING TO HEALTH CARE**

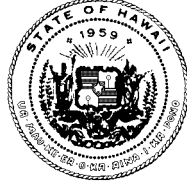
Chair Nakashima and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board supports this bill, which authorizes advanced practice registered nurses (APRNs) to perform medication or aspiration 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.

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
Khara Jabola-Carolus, Executive Director

In support of HB576 HD2 with amendments

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

The Hawai‘i State Commission on the Status of Women supports HB576 HD2 as an urgent pandemic response measure, and requests that the bill be amended to include physicians assistants as qualified health care providers authorized to perform aspiration abortion.

The government should not continue to create inhumane conditions that force women in Hawai‘i to have children when they are not ready or able to do so.

In 1970, Hawai‘i became the first state to legalize abortion outside of rape, incest or when the pregnancy would impair a woman’s physical or mental health. Today, Hawai‘i has joined more anti-women states in restricting qualified, licensed clinicians from performing abortions. Due to the physician-only abortion restriction under state law, the full right to abortion in Hawai‘i remains illusory.

Geographical barriers to abortion access are compounded by both Hawai‘i’s doctor shortage and the current law, which prohibits licensed, qualified health care professionals from providing aspiration abortion. Aspiration abortion, also referred to as surgical abortion, remains the most common procedure for terminating a pregnancy in the first trimester. The Commission argues that the state has no compelling interest in restricting trained clinicians from providing aspiration abortions.

Further, HB576 HD2 is a critical piece of crisis response to the covid-19 pandemic. This measure would have a profound impact on women in rural and medically underserved communities in our state where abortion services are scarce. Accordingly, the Commission asks that the Committee pass HB576 HD2 with the requested amendment.

Sincerely,

Khara Jabola-Carolus



**Written Testimony Presented Before the
COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS**

DATE: Tuesday, March 2, 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, HD2

Chair Nakashima, Vice Chair Matayoshi, and members of the House Committee on Judiciary & Hawaiian Affairs, 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:

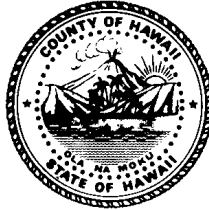
1. “regulation — public protection — should have top priority in scope of practice decisions, rather than professional self-interest;
2. changes in scope of practice are inherent in our current healthcare system;
3. collaboration between healthcare providers should be the professional norm
4. overlap 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.

REBECCA VILLEGAS
Council Member
District 7, Central Kona



PHONE: (808) 323-4267
FAX: (808) 323-4786
EMAIL: Rebecca.villegas@hawaiicounty.gov

HAWAI'I COUNTY COUNCIL

*West Hawai'i Civic Center, Bldg. A
74-5044 Ane Keohokalole Hwy.
Kailua-Kona, Hawai'i 96740*

March 1, 2021

TESTIMONY OF REBECCA VILLEGAS
COUNCIL MEMBER, HAWAI'I COUNTY COUNCIL
ON HB 576 HD2, RELATING TO HEALTH CARE
Committee on Judiciary & Hawaiian Affairs
Tuesday, March 2, 2021
2:00 p.m.
Conference Room 325 Via Videoconference

Aloha Chair Nakashima, and Members of the Committee:

I thank you for the opportunity to testify in support of HB 576 HD2, relating to health care. My testimony is submitted in my individual capacity as a member of the Hawai'i County Council and Chair of the Hawai'i County Council Climate Resilience and Natural Resource Management Committee.

The purpose of this measure is to require the Department of Health to authorize advanced practice registered nurses to perform medication or aspiration abortions effective 7/1/2060. Our constituents in my district; as well as constituents on the islands of Kauai, Molokai, and Lanai do not have access to a local care provider unless we travel 2 hours or fly to another island. The outer islands should have the same access to health care that Oahu and Maui residents have, and COVID has compounded the financial and logistical barriers to care for the outer islands.

For the reasons stated above I urge the Committee on Judiciary & Hawaiian Affairs to support this measure as well. Should you have any questions, please feel free to contact me at (808) 323-4267.

Mahalo for your consideration.

A handwritten signature in black ink, appearing to read "Rebecca Villegas".

Rebecca Villegas
Council Member, Hawai'i County Council

Statement Before The
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Tuesday, March 2, 2021

2:00 PM

Via Videoconference, Conference Room 324

in consideration of
HB 576, HD2
RELATING TO HEALTH CARE.

Chair NAKASHIMA, Vice Chair MATAYOSHI, and Members of the House Judiciary & Hawaiian Affairs Committee

Common Cause Hawaii provides comments in support of HB 576, HD2, with minor suggested amendments, 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, HD2 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.

Common Cause Hawaii suggests two minor amendments. One is a housekeeping amendment to strike the physician-only restriction and adopt a consistent definition of abortion in state law. This would ensure consistency in the statute, avoid legal confusion, and confirm that the bill accomplishes its stated goal of allowing APRNs to confidently provide aspiration. Two is an amendment with a clean effective date of “upon approval” to allow qualified APRNs to begin providing this important care as soon as the Governor signs the bill to permit all people in Hawaii to immediately have equitable access to abortion care.

Thank you for the opportunity to comment in support of HB 576, HD2 with minor suggested amendments. If you have further questions of me, please contact me at sma@commoncause.org.

Very respectfully yours,

Sandy Ma
Executive Director, Common Cause Hawaii



Date: February 28, 2021

To: House Committee on Judiciary and Hawaiian Affairs, Chair Nakashima, Vice Chair Matayoshi and committee members

From: Ann Freed, Democratic Women's Caucus

Subject: Strong Support for HB 576 Relating the Healthcare

Thank you for allowing this testimony in support of HB576.

The women of Hawai'i, have the right, by law to decide when or if to terminate their pregnancy. Hawai'i was the first state to pass this law, which fundamentally asserts the human right for a woman to control her own body.

HB 576 if passed with its original language would ensure this right remains a reality. Therefore we are requesting that Committee adopt consistent language and change the effective date so patients can immediately access care. Without these changes, HB 576 is a well-intentioned but flawed bill.

As we have testified in previous committees, we have seen far too often that having the right to end a pregnancy does not guarantee access. The pandemic, with its lock down provisions has exacerbated the lack of access, most especially on our neighbor islands. 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.

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,

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.

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

Me ke aloha pumehana,

Hawai'i State Democratic Women's Caucus

HB-576-HD-2

Submitted on: 2/27/2021 12:54:12 PM

Testimony for JHA on 3/2/2021 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 HD2, 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.

We request for amendments recommended by the healthcare providers. We want to make sure that APRNs can confidently provide care without the fear of prosecution. Thank you for your consideration.

Younghee Overly, Public Policy Chair of AAUW of Hawaii

TESTIMONY IN SUPPORT OF HB 576, HD2

TO: Chair Nakashima, Vice-Chair Matayoshi, & Committee Members

FROM: Nikos Leverenz
Grants, Development & Policy Manager

DATE: March 2, 2019 (9:30 AM)

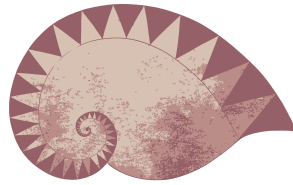
Hawai'i Health & Harm Reduction Center (HHRC) **strongly supports** HB 576, HD 2.

This bill is needed to improve access to early in-clinic abortion care for those residents who reside in rural parts of our state, including those on Kaua'i, Moloka'i, Lāna'i, Maui, and Hawai'i Island. Traveling to O'ahu poses great difficulties for women who have low incomes as well as those women who have familial obligations and professional duties that make interisland travel difficult. The ongoing pandemic exacerbates these barriers for time-sensitive care and places women at increased risk of contracting COVID-19.

[The American Public Health Association notes that APRNs, among other medical professionals, are "well positioned within the health care system to address women's needs for comprehensive primary care and preventive reproductive health services that include abortion care."](#) We also concur with the ACLU of Hawai'i that Hawai'i's current law, which limits early in-clinic abortion care to physicians, "imposes serious barriers [to] abortion care, a constitutionally protected, fundamental right."

HHRC's mission to is to promote health, reduce harm, create wellness, and fight stigma in Hawai'i and the Pacific. HHRC works with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those relating to substance use and underlying mental health conditions.

Thank you for the opportunity to testify on this measure.



Pono Hawai'i Initiative

Patrick Shea - Treasurer • Lena Mochimaru - Secretary
Nelson Ho • Summer Starr

Monday, March 2, 2021

Relating to Health Care
Testifying in Support

Aloha Chair and members of the committee,

The Pono Hawai'i Initiative (PHI) **supports HB576 HD2 Relating to Health Care. This measure helps to ensure access to care by authorizing and making it clear that advanced practice registered nurses (APRNs) can perform both medicated and aspirated abortions.**

By making it clear in statute that these procedures are within the scope of practices for APRNs we can ensure that all Hawai'i residents have access to comprehensive safe and timely medical care. Because of Hawaii's geographical makeup, if we do not expand patients access to care we can create an unforeseen burden of traveling to another county to get an abortion. This can create an unacceptable additional financial burden on the patient and potentially delay a time sensitive procedure. We should not penalize individuals because of where they live and create limits on access to comprehensive medical care.

For these reasons, we urge the Committee to **vote in favor of HB576 HD2.**

Mahalo for the opportunity to testify,

Gary Hooser
Executive Director
Pono Hawai'i Initiative



Young Progressives Demanding Action
P.O. Box 11105
Honolulu, HI 96828

February 28, 2021

TO: HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS
RE: Testimony in support of HB576 HD2

Dear Representatives,

Young Progressives Demanding Action (YPDA) **strongly supports** HB576 HD2, which would support equal access to reproductive healthcare.

Hawai'i's current law is outdated and 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 living on Kaua'i, Molokai, Lāna'i and the west side of Hawai'i Island do not have access to a local care provider, and are forced to travel long distances to access care. This increases costs for travel, lodging and childcare. Folks on Maui, meanwhile, only have access to a provider twice each month, and the provider must fly in from another island.

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.

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

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 healthcare providers are not forced to travel to another island for reproductive health care right now. Please support this bill.

Mahalo for the opportunity to testify,

Will Caron

Board President & Secretary, 2020–2021

action@ypdahawaii.org

HB-576-HD-2

Submitted on: 2/28/2021 5:24:07 PM

Testimony for JHA on 3/2/2021 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 HD 2.

Mahalo nui loa for your time and consideration,

Michael Golojuch, Jr.

Chair

LGBT Caucus of the Democratic Party of Hawai'i

HB-576-HD-2

Submitted on: 2/28/2021 8:05:44 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Stacey Jimenez	A Place for Women in Waipio	Oppose	No

Comments:



Hearing: Committee on Judiciary & Hawaiian Affairs
Date: Friday, February 8, 2021

To: Chair, Rep. Nakashima
Vice Chair, Matayoshi
Members of the Committee on Judiciary & Hawaiian Affairs

From: Janet Hochberg, Executive Director, Hawaii Life Alliance

RE: HB576 HD2 in STRONG OPPOSITION

Hawaii Life Alliance is the leading organization that focuses on life issues. We are a National Right to Life affiliate and believe that life begins at conception and ends at natural death.

HLA opposes passage of HB576 HD2 and all bills dealing with the ‘scope of practice’ of any health care professional which doesn’t include language excluding abortion. We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that ‘scope’ as a means to increasing the number of lower health care professionals licensed to provide abortion services.

Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. This proposed bill provides authority to non-physicians to perform aspiration abortions. If women are going to choose to use this risky method where there are notable risks and complications, they need to be closely monitored and they need to have a licensed physician.

Further, Hawaii law does not require that medical professionals that treat minor girls for abortions notify parents of a pregnancy. Also, consent of a minor to have an abortion is also not required under Hawaii current statute. The idea of a 14 year old having a major surgical procedure without parents awareness should make all of us who are parents or concerned about children’s welfare pause.

As a point of reference, the most common first trimester abortions are vacuum aspiration and suction curettage. Vacuum aspiration is performed with a machine that uses a vacuum

to suck the baby out of the uterus. The vacuum is created by a hand held pump (manual vacuum aspiration) or by electricity (electric vacuum aspiration). The electric machine is far more common in the US. Generally, the manual pump is only used to abort children who are less than 6 weeks old. Except in the very earliest abortions, the mom's cervix will be dilated large enough to allow a cannula to be inserted into her uterus. The cannula is a hollow plastic tube that is connected to either the hand or electric pump by a flexible hose. As a vacuum is created, the abortionist runs the tip of the cannula along the surface of the uterus causing the baby to be dislodged and sucked into the tube – either whole or in pieces. Suction curettage is a variation of vacuum aspiration in which the suction machine is used to get the baby out, with any remaining parts being scraped out of the uterus with a surgical instrument called a curette. Following that, another pass is made through the mom's uterus with the suction machine to help insure that none of the baby's body parts have been left behind.

Additional methods of of first trimester abortion include:

1. D&C (dilation and curettage). During this procedure, the mother's cervix is dilated and a curette is scraped along the sides of the uterus to dislodge the baby. Suction is not used for this type of abortion, but since the mother is usually asleep the abortionist can dilate the cervix large enough that many passes with the curette are possible).
2. Some first trimester abortions are not accomplished using surgery, but chemicals. This procedure begins when the mom is given either mifepristone (Mifeprex; RU486) or methotrexate. Mifepristone causes the baby to become detached from its mother's uterus while methotrexate is actually toxic to the baby and, therefore, kills it directly. Once the child is either detached or dead, the mom is given a labor-inducing drug which causes the uterus to cramp and expel her dead baby. This type of abortion only works up to about the 9th week of pregnancy.

To that end, we are greatly concerned that in the event of a medical emergency such as cervical lacerations, uterine perforations, hemorrhaging, and other possible serious complications could place women and girls at great risk.

National Abortion Federation has long had a strategy for increasing access to abortion by expanding the scope of practice of lower health care professionals. For example, in December 1996, the National Abortion Federation (NAF), with funding from the Kaiser Family Foundation, convened a national symposium to explore how CNMs, NPs, and PAs could participate more fully in abortion service delivery nationwide. In 1997 they presented a symposium entitled, "The role of physician assistants, nurse practitioners, and nurse-midwives in providing abortions: strategies for expanding abortion access." (National symposium, Atlanta, GA, 13-14 December 1996. Washington, DC: National Abortion Federation; 1997).

There is even a 'tool kit' entitled "Providing Abortion Care: A Professional Tool Kit for Nurse-Midwives, Nurse Practitioners and Physician Assistants" (2009). It was developed as a guide for health care professionals who want to include abortion as being within their scope of practice.

Expanding the number of people who can provide abortion will increase the number of unborn children being killed. We strongly urge you to prevent this from happening by making it clear that it is not within the scope or independence of practice of lower health care professionals to provide abortion.

Abortion proponents have long touted that abortion should be SAFE, LEGAL & RARE! Although we choose life over abortion, let's keep it that way and work toward serving our most vulnerable communities with resources and life affirming programs that will help prevent and mitigate the fall out from unplanned and difficult pregnancies.

Let's also perpetuate the unique culture of aloha that never fails and protect Hawaiian babies who may one day be a voice for their great land and people!

Mahalo for allowing me the opportunity to testify in **STRONG OPPOSITION** to HB576 HD2.



WENDY HUDSON • ATTORNEY AT LAW
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March 1, 2021

Testimony for HB 576

Representative Mark Nakashima Chair
Representative Scot Matayoshi, Vice-Chair
House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Wendy Hudson and I am writing today in support for HB 576. I live on Maui. I've been a criminal defense attorney for over 20 years and many of my clients are indigent and live on Molokai and Lanai.

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.

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.

Very truly yours,

/s/ Wendy A. Hudson

Wendy A. Hudson

To: Hawai'i State House Judiciary & Hawaiian Affairs Committee
Hearing Date/Time: Wed., Mar. 2, 2:00 PM
Place: Hawai'i State Capitol, Rm. 325
Re: Testimony of Planned Parenthood Votes Northwest and Hawai'i in strong support of HB 576, HD2, with clarifying amendments

Dear Chair Nakashima and Members of the Committee,

Planned Parenthood Votes Northwest and Hawai'i ("PPVNH") writes in strong support of HB 576, HD2, with clarifying amendments, to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live. PPVNH also submits this testimony on behalf of 266 individuals who signed a petition in support of HB 576 (see p. 5-8). As currently drafted, this bill takes an important step forward in ensuring equal access to abortion care by stating that advanced practice registered nurses ("APRNs") may provide early in-clinic abortions. To ensure that the legislature fulfills this intent, we respectfully request housekeeping amendments to remove the restricting language from H.R.S. §453-16, provide consistency between H.R.S. §453-16 and §457 and make the effective date "upon approval." With a clean effective date and clarifying amendments, APRNs will be able to confidently provide this important care without fear of prosecution.

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 air or by ferry 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) – 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 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 ferry, 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. The 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 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 occur in 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 – 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

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>.

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

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 APRNs’ role expanding dramatically in Hawai‘i. Hawai‘i has consistently expanded what services APRNs can provide. For example, between 2009 and 2018, Hawai‘i’s legislature passed 22 laws improving the scope of practice for APRNs.¹² 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.¹³

APRNs 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.¹⁴

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>

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 Consilio, *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 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>

¹⁴ 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>

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 report a distrust of the medical providers, such as immigrants, Pacific Islanders, including Native Hawaiians, and other communities of color. Allowing APRNs 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 care and are increasingly allowing these providers to provide both medication and in-clinic abortion care, including California, Colorado, Illinois, Maine, Massachusetts, Montana, New Hampshire, New York, Oregon, Vermont, Virginia, and Washington.¹⁵ Allowing qualified providers to provide abortion care is a growing trend across the country, with these 12 states expanding aspiration abortion access since 2014, plus an additional seven states allowing qualified providers to prescribe medication abortion. 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.”¹⁶

¹⁵ 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.whijournal.com/article/S1049-3867\(20\)30006-2/pdf](https://www.whijournal.com/article/S1049-3867(20)30006-2/pdf); N.Y. Pub. Health L. § 2599-bb; Va. Code Ann. § 18.2-72.

¹⁶ 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>

To fully accomplish the goal of the Equal Access Act, we recommend striking the physician-only restriction and adopting a consistent definition of abortion in state law

To ensure APRNs can confidently provide early in-clinic aspiration abortion care without fear of prosecution, we recommend that the Equal Access Act maintain statutory consistency by removing the restrictive language from H.R.S. §453-16 limiting abortion care to physicians. As the bill is currently drafted, the physician-only restriction will remain in place despite the bill's intention to allow APRNs to provide aspiration abortion care in H.R.S. §457. Even with language stating that §457 applies "notwithstanding" the physician-only requirement in §453-16, the direct contradiction of these two statutes – one allowing APRNs to provide abortion care and the other explicitly limiting the provision of the same care to physicians – presents risks to APRNs providing aspiration abortion care and could open nurses up to lawsuits and criminal penalties. The proposed amendment below would address this contradiction by making it crystal clear that HB 576 "lift[s] the burdensome and medically unnecessary physician-only restriction on performing certain abortion care procedures to ensure that all people in Hawai'i can equally access abortion care," as stated in the bill's own legislative findings.

Additionally, as the bill is currently drafted, passage of HB 576 would introduce two definitions of "abortion" into statute: one in §453 and the other in §457. To ensure consistency in the statute, lawmakers should make sure the definition of "abortion" is identical in the two chapters.

As such, Planned Parenthood respectfully requests the following amendment as section 2 to the bill text:

SECTION 2. Section 453-16, Hawai'i Revised Statutes, is amended as follows:

" (a) ~~No abortion shall be performed in this State unless:~~
~~(1) The abortion is performed by~~ [A] licensed physician or surgeon, or ~~by~~ a licensed osteopathic physician and surgeon [may provide abortion, provided that] ~~;~~ ~~and~~

~~(2) T~~ [the procedure] ~~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 physician's or osteopathic physician's office.

(b) Abortion shall mean ~~an operation to intentionally terminate~~ [an intentional termination of] 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.

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. We strongly encourage 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. We urge the committee to pass HB 576 with the proposed clarifying amendments to ensure there is no doubt that APRNs can safely and confidently provide abortion care and patients in Hawai‘i benefit from this critical legislation.

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

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Bernier, Wendy Ann	96707
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Billington, Patricia Ellen	96744
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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, Laura	96746
Brown-Wilson, Victoria	96814
Burghardt, Cheryl A	96813
BURKE, STACIE M	96701
BURKE, STACIE M	96701
Burkholder, Harriet A	96727
C, Ang	96746
C, Lauren	96766
Caban, Stella	96728
Caligtan, Grace A	96917
Callahan, Sabrina Ahulani	96714
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Carson, Ellen G	96814
Chee, Sarah	96822
Chelius, Graham T	96796
Ching-Pickett, nicolette	96744
Christoff, Nat	96706
Chua, Anna	96826
Chun, Karen K	96779
chung, Donna	96817
chung, LaDonna	96817
Clark, Skyla	96816
Cole, Kellie	96790
Conner, Jessica	96740
Constantino, Gabrielle	96708

Corby, Carly	8721
crlzer, lois	96734
dancer, lotus	96790
Davidson, Gabrielle	96703
De Coligny, Ashley C	96744
Delaney, Erica J	93013
Dell, Laura	96816
DeMott, Thalya	96814
Derby, Brooke	96719
Dodgion, Kelsi Amanda	98682
Doi-Stewart, Rie	96822
Doughty, Jessica	96740
Duran, Rae Anne	96732
Duval, Kathryn Signy	96720
dvorak, charlotte	96822
Dvorak, Laura	96720
Eagan, Jessica	96746
Elliott, Margaret	96708
Ellis, Kelci	96708
Endler, Maria E	96744
Enriquez, Frances	96822
Fannon, Samantha	96814
Farstrup, Greg and Pat P	96813
Faso, Joanna	96746
Ferraro, Nadine J	96822
Fojtasek, Anne S	96755
Forgan, Sandra	96753
Fraser, Bonnie	96815
Freed, Ann S.	96789
FUJIOKA, JULIA N	96701
Fukui, Christine S	96821
fung, keala	96822
Gajate, Serafina	96785
Galdo, Chantel	96826
Gamby, Tanya	96746
Ganter, Ciara	96793
Gardner, Sheryl P	96789
George, Jane E	96734
Gerber, Lydia	96826
Gionson, Jaredsyn	96782
Gnazzo, Gail P	96768
Gold, Karen S	96740
Goodman, Jeffrey Marc	96792

Goto, Cynthia J	96816
Green, Dee	96813
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
Hanson, Phyllis I I	96740
Haskins, Eric	96771
Hay, Nancy Beth	96753
High, Kelly	96749
Hirakami, Lynda	96778
Hirayama, Dustin	96707
Holaday, Janet A	96734
Holland, Mara J	96822
Holloran, Heidi A	96732
Horn, Latham C	96782
Hruska, T	96708
Hsu, Ivy H	96814
Hudson, Jessica	96746
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Jameson, Fammy	96822
Johnson, Shannon L	96814
Jones, Abigail Lynn	96826
Jones, Ashley L	96754
Kahumoku, Jasmine	96738
Kapana, Jamie	96707
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Kim, Jane	96816
Kisor, Dave James	96778
Kohn MD, Joseph D	96793
Kwon, Brenda L	96817
La Costa, P.Denise	96761
Laguana, Kristen Eileen	96720
Lahl, Suzanne	96753
Lancaster, Rachel	96755
Lance, Cindy A	96822
Langlas, Janice L	96822
Langman, Suzanne L	96753

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Linhares, Carmen	96744
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Lyons, Gabrielle	96746
Madayag, Michael Gabriel	96817
Madison, Caitlin and Blair Hanrahan	63119
Maes, Jasmine	96746
Marquez, Malia	96825
Martin, Isis	96740
Martinez, Melissa	96822
Masters, Christine M	96719
Mazzanti, Martin	96740
McCall, Naomi	96790
McClellan, Dorien H	96792
McClintock, B.A.	96814
Melekai, Ronelle J	96792
Miki, Heather N	96825
Mills, Asa	96817
Monk, Amy Y	96825
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Morrison, Lynn	96785
Morrow, Ashley	96740
Morse, Janet E	96734
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Musbach, Stephanie	96753
Myers, Tara Kaberi	96714
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NEWLIGHT, Nai a	96708
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OConnell, Lauren	23225
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Oliver, Leah	96756
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Patton, Lesley J	96755
Peterson, Ingrid	96734
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Phillips, Hartley A	96778
Pi, Melina	98012
Piano-Pooley, Rachel	96746
PIper, Julia	43023
Plazewski, Marie	96778
Raatz, David M Jr	96793
Ranke, Katie	96746
Rasmussen, Paige Eileen	96822
Reed, Arien W	59802
Ricciardi, Stacy	96746
Rich, Joan	96816
Richardson, Jill	96712
Riley, Carrie	96754
Robertson, Thomas Drew	96706
Robinson, Phaedra	96734
Rodrigues, Emily	96734
Rodrigues, Malia	96795
Ross, Cait	96746
Rost-Baik, Colleen	96815
Salvador-Smith, Harriet A	59102
Sanft, Anastasia	96708
Sather, Kim Annice	96760
Schneider, Jennifer G	96783
Scott, Erica M	96822
Scott, Robyn	96740
Segal Matsunaga, Doris M	96701
Seuell, Suzette	96734
Shartar, Elin Anderson	20010
Singleton, Heather	96746
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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
Stirr, Anna	96815
Suesue, Jayna-Dee	96792
Swierenga, Lloyd G	96760

Tavares, Trecyn	96753
Taylor, Gabriela K	96746
Taylor, hollis J	96760
Teehee, Sarah L	96740
Themoney, follow	96744
TIZARD, THOMAS J	96734
Travis, Terence	96706
Travis, Terry	96706
Treschuk, Lorayne K	96819
Trivett, Joyce	96766
Truong, Amy Mi	96813
Tryon-Crozier, Annette	96778
TUCKER, ANTHONY	96707
V, D	96737
Vitola, Debra J	96740
Wagner, MIchael T	96818
Wall, Iwalani	96740
Walsh, Maddy	96712
Walters, Robyn	96753
Washburn, Courtney	96737
Watai, Jerry	96740
Webster, Deborah L	96740
White, Joan P	96813
Whitehawk, Cindy	96726
Wiedner, Barbara M	96746
Wiehl, Janine A	96789
Wilkinson, Charley	96814
Williams, Tandra	96707
Wilson, Diann Louise	96719
WOLF, Alfred W	96753
Wood, Annie	96734
Wood, Melinda S.	96822
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*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American Samoa) Section*

TO: House Committee on Judiciary & Hawaiian Affairs
Representative Mark M. Nakashima, Chair
Representative Scot Z. Matayoshi, Vice Chair

DATE: Tuesday, March 2, 2021

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

**Re: HB 576_HD2 – Relating to Health Care
Position: SUPPORT with suggested amendment**

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 which will allow trained advanced practice registered nurses (APRNs) to provide aspiration abortions. APRNs are integral to providing equitable women's healthcare in Hawai'i. This bill has several 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 to provide aspiration abortions, fewer patients may need to travel for care.

APRNs already provide advanced women's healthcare services in clinics throughout Hawai'i, and they perform many similar procedures, such as endometrial biopsies and intrauterine system insertions. Not only have many of us worked with APRNs and can attest to their competency and skill, the safety of trained clinicians performing aspiration abortions 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 in which APRNs, PAs, and certified nurse-midwives performed over 5,000 aspiration abortions with similar outcomes to physicians performing this procedure and no increase in complications, California passed a similar law, allowing aspiration abortions to be performed

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>

by APRNs, PAs, and CNMs.³ This expansion of the provider pool for aspiration abortions is supported by the national American College of Obstetricians and Gynecologists.⁴

Suggested amendment:

To ensure that the legislature achieves the intent of increasing access to healthcare, we respectfully request a housekeeping amendment to remove the restricting language from H.R.S. §453-16 that limits abortion provision to physicians, provide consistency between H.R.S. §453-16 and §457, and make the effective date of “upon approval.” As the bill is currently drafted, the physician-only restriction will remain in place despite the bill’s intention to allow APRNs to provide aspiration abortion care in H.R.S. §457.

Additionally, as the bill is currently drafted, passage of HB 576 would introduce two definitions of “abortion” into statute: one in §453 and the other in §457. To ensure consistency in the statute, lawmakers should make sure the definition of “abortion” is identical in the two chapters. As such, HI ACOG respectfully requests the following amendments as section 2 to the bill text:

SECTION 2. Section 453-16, Hawai‘i Revised Statutes, is amended as follows:

" (a) ~~No abortion shall be performed in this State unless:~~

~~—(1) The abortion is performed by [A] licensed physician or surgeon, or by a licensed osteopathic physician and surgeon [may provide abortion, provided that] ; and~~

~~(2) T [the procedure] 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 physician's or osteopathic physician's office.~~

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

With a clean effective date and clarifying amendments, APRNs will be able to confidently provide this important care without fear of prosecution.

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.

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.



Hawai'i

Committee: Committee on Judiciary & Hawaiian Affairs
Hearing Date/Time: Tuesday, March 2, 2021, 2:00 P.M.
Place: Via videoconference
Re: Testimony of the ACLU of Hawai'i in Support of H.B. 576, H.D. 2, Relating to Health Care

Dear Chair Nakashima, Vice Chair Matayoshi and Members of the Committee on Judiciary & Hawaiian Affairs:

The American Civil Liberties Union of Hawai'i ("ACLU of Hawai'i") writes **in support of, with proposed housekeeping amendments to HB 576, H.D. 2**, which removes the physician-only barrier in Hawai'i'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.

Hawai'i'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 Hawai'i'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 Hawai'i's current physician shortage and its geography as an island state.

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
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www.acluHawai'i.org

Currently, people on Kauai, Molokai, Lanai, and the West side of Hawai‘i do not have access to 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. 2
March 2, 2021
Page 3 of 3

While ACLU of Hawai'i strongly supports H.B. 576, H.D. 2, we ask that the Committee make two clarifying amendments. First, we ask that the effective date be changed so that it takes effect upon approval. Second, we ask that the Committee make a clarifying amendment to remove the restricting language from H.R.S. §453-16 to provide consistency between H.R.S. §453-16 and §457. ACLU of Hawai'i fully supports the clarifying language proposed by Planned Parenthood Votes Northwest and Hawai'i. This amendment will ensure that APRNs can confidently provide early in-clinic aspiration abortion care without fear of prosecution.

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,

Mandy Fernandes
Policy 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.

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HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

TO: House Committee on Judiciary & Hawaiian Affairs
Representative Mark Nakashima, Chair
Representative Scot Matayoshi, Vice Chair

DATE: Tuesday, March 2, 2021, 2:00 PM

PLACE: Hawaii State Capitol, Conference Room 325 via Videoconference

FROM: Hawai'i Maternal and Infant Health Collaborative

Re: HB 576 HD 2 – Relating to Health Care
Position: STRONG SUPPORT WITH AMENDMENTS

Dear Chair Nakashima, Vice Chair Matayoshi, 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}

APRNs 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 APRNs 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.

To maintain statutory consistency, we respectfully request the restrictive language from H.R.S. §453-16 limiting abortion care to physicians only, be removed. The current draft of the bill, while the intention is to allow APRNs to provide aspiration abortion care in H.R.S. § 457, maintains the physician-only restriction. While the language stating that §457 applies “notwithstanding,” the physician-only requirement in §453-16 is a direct contradiction of these two statutes – one allowing APRNs to provide abortion care and the other explicitly limiting the provision of the same care to physicians. This language presents risks to APRNs providing early in-clinic abortion care and could potentially result in lawsuits and criminal penalties for nurses providing this care. Our proposed amendments below would address this contradiction by clearly stating that that HB 576 “lift[s] the burdensome and medically unnecessary physician-only restriction on performing certain abortion care procedures to ensure that all people in Hawai'i can equally access abortion care,” as stated in the bill's own legislative findings.

In addition, the current draft of the bill would introduce two definitions of “abortion” into statute: one in §453 and the other in §457. To ensure consistency in the statute, it is imperative that lawmakers make sure the definition of “abortion” is identical in both chapters.

As such, the Hawai'i Maternal and Infant Health Collaborative respectfully requests the following amendment to section 2 of the bill text:

SECTION 2. Section 453-16, Hawai'i Revised Statutes, is amended as follows:

- (a) ~~No abortion shall be performed in this State unless:~~
~~(1) The abortion is performed by [A] licensed physician or surgeon, or by a licensed osteopathic physician and surgeon [may provide abortion, provided that] ; and~~
(2) ~~— T [the procedure]—~~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 physician's or osteopathic physician's office.
- (b) Abortion shall mean ~~an operation to intentionally terminate~~ [an intentional termination of] 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.

House Bill 576 HD 2 resonates strongly with the Hawai'i Maternal and Infant Health Collaborative and we strongly urge the committee to pass HB 576 with our proposed clarifying amendments. Doing so would ensure our communities across the state have increased access to quality abortion care and that our APRNs can safely and confidently provide abortion care.

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 in support of this important legislation.

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-data-base/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).

hawaii family forum

Submitted Online: March 1, 2021

Hearing: Tuesday, March 2, 2021

TO: Committee on Judiciary and Hawaiian Affairs
Rep. Mark M. Nakashima, Chair
Rep. Scot Z. Matayoshi, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to HB576 HD2 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 HD2 which authorizes 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 access to all choices that come with 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 our 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)

HB-576-HD-2

Submitted on: 3/1/2021 9:56:32 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Julia M. Yano	AFC	Oppose	No

Comments:

We strongly oppose passage of HB576 HD2.

Current Hawaii statutes and regulations are clear in requiring that only licensed physicians may perform abortions in Hawaii. This ensures the health and safety of these women.

Further, Hawaii law does not require that medical professionals that treat minor girls for abortions notify parents of a pregnancy. Also, consent of a minor to have an abortion is also not required under Hawaii current statute. The idea of a 14 year old having a major surgical procedure without parents awareness should make all of us who are parents or concerned about children's welfare.

There is grave concern that in the event of a medical emergency such as cervical lacerations, uterine perforations, hemorrhaging, and other possible serious complications could place women and girls at great risk.

Expanding the number of people who can provide abortion will increase the number of unborn children being killed. We strongly urge you to prevent this from happening by making it clear that it is not within the scope or independence of practice of lower health care professionals to provide abortion.

Although we choose life over abortion, let's work toward serving our most vulnerable communities with resources and life affirming programs that will help prevent and mitigate the fallout from unplanned and difficult pregnancies.

Thank you for allowing me the opportunity to testify.
Please do not pass this bill.

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Mark Nakashima, Chair of
the House Committee on Judiciary & Hawaiian Affairs

From: Hawaii Association of Professional Nurses (HAPN)

Subject: SB576 HD2 – Relating to Health Care

Hearing: February 2nd, 2021, 2:00p.m.

Aloha Representative Nakashima, Chair; Representative Matayoshi, Vice Chair; and Members of the House Committee on Judiciary & Hawaiian Affairs,

Thank you for the opportunity to submit testimony regarding SB576. HAPN is in **Support** to include Advanced Practice Registered Nurses (APRN) with the ability to perform medication or aspiration abortions.

Our members have always supported patient access to care in our communities. It has been made abundantly clear in previous testimony on this bill that there is wide support from various organizations and specialists in OB care. These organizations and specialists are confident in the care APRNs can bring to their communities where legal access to abortion services can be difficult to find on our rural islands, especially. There are many states, such as California, that allow APRNs to provide this type of care through safe and legal means¹. Our physician counterparts from the American College of Obstetricians and Gynecologists Hawaii shared their confidence in the safe care that APRNs can provide as concluded by the National Academies of Sciences, Engineering, and Medicine, a non-partisan source².

HAPN's mission, to be the voice of APRNs in Hawaii, has been the guiding force that propelled us to spearhead the advancement of patients access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii which led us to full practice authority. We have worked to improve the physical and mental health of our communities. As our ability to provide close care with our patients progressed, we also opened up our own clinics to provide the care our patients deserve. As a result, the current law requires that a patient remove themselves from the excellent care their APRN has provided them over the years to discuss these issues with physicians who may not have the same patient-provider relationship. APRNs have played an important role in the healthcare of our communities and we will continue to be by our patients' side as they make many different healthcare decisions throughout their lives. The intent of this measure is to continue to address and remove APRN barriers to providing care, particularly as it relates to access to care for rural, neighbor island, and vulnerable people across the Hawaiian Islands.

Thank you for the opportunity to share the perspective of HAPN with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,

Dr. Jeremy Creekmore, APRN
HAPN President

Dr. Bradley Kuo, APRN
HAPN Legislative Committee, Chair
HAPN Past President

1. California Business and Professions Code § 2725.4
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>



Hawaii Women's Coalition

To: Hawai'i State House of Representatives Committee on Judiciary and Hawaiian Affairs
Hearing Date/Time: Tues., Mar. 2, 2021, 2:00 pm
Place: Hawai'i State Capitol, Rm. 325
Re: Testimony of Hawai'i Women's Coalition in strong support of HB 576, HD2

Dear Chair Nakashima and Members of the Committee,

The Hawai'i Women's Coalition writes in strong support of HB 576, HD2, which seeks to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

As currently drafted, this bill takes an important step forward in ensuring equal access to abortion care by stating that advanced practice registered nurses ("APRNs") may provide early in-clinic abortions. To ensure that the legislature fulfills this intent, we respectfully request housekeeping amendments to remove the restricting language from H.R.S. §453-16, provide consistency between H.R.S. §453-16 and §457 and make the effective date "upon approval." With a clean effective date and clarifying amendments, APRNs will be able to confidently provide this important care without fear of prosecution.

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) – 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, 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, Massachusetts, 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

HB-576-HD-2

Submitted on: 2/26/2021 6:32:38 PM

Testimony for JHA on 3/2/2021 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.

HB-576-HD-2

Submitted on: 2/26/2021 6:44:51 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Representative Mark Nakashima Chair

Representative Scot Matayoshi, Vice-Chair

House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, 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-2

Submitted on: 2/26/2021 6:47:33 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Representative Mark Nakashima Chair

Representative Scot Matayoshi, Vice-Chair

House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Alani Bagcal and I am writing today in 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-2

Submitted on: 2/26/2021 9:03:24 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Aloha JHA 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-2

Submitted on: 2/26/2021 11:47:26 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kylie Akiona	Individual	Support	No

Comments:

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

My name is Kylie, I am a Native Hawaiian woman, a lifelong resident of Hawai'i, and a student at UH Manoa. **I am writing today to testify in strong support of HB 576.**

Everyone in Hawai'i deserves equal access to healthcare, and reproductive healthcare is NOT separate from any other form of healthcare. We should not have to beg the state for something that should have already been available to us.

I also offer the amendment of effecting this bill immediately, opposed to the current proposal of effecting the bill in 2060. Hawai'i's women should not be allowed to suffer for 40 more years. It has been almost 50 years since abortion became a constitutional right, and that alone took far too long. Do not allow us to continue to suffer; we cannot afford to wait any longer.

I cannot imagine the many difficulties it takes for women outside of O'ahu today just to get an abortion, alongside other healthcare services that are not widely available to those in the outer islands. Personally, I have fallen victim to experiences where having access to an abortion might have meant life or death, and just thinking about how traumatic it must be for women who have suffered the same or similar experiences without equal access to abortion is disheartening. The pain that unequal access to healthcare has already caused is unacceptable, and cannot be tolerated any longer.

The issue is not about PAs and APRNs having the ability to perform the services that they are trained and qualified for, but if the state is willing to fight for women's rights and equal access to healthcare. It is crucial that you listen to the medical professionals and women testifying in support of this bill. It is *your duty* to listen to the needs of your people. **The people of Hawai'i deserve equal access to healthcare now.**

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

Kylie Akiona

kylieakiona2@gmail.com

Mililani, HI

HB-576-HD-2

Submitted on: 2/27/2021 12:19:46 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nanea Lo	Individual	Support	No

Comments:

Hello,

My name is Nanea Lo. I'm from Papakāleia, O'ahu currently living in Māhala. I'm writing in support of HB756. Healthcare in these times especially should be an automatic basic human right for all.

HB576 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.

Support this bill.

me ke aloha 'Āina,

Nanea Lo

Testimony for HB 576

Representative Mark Nakashima Chair
Representative Scot Matayoshi, Vice-Chair
House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Dr. Allan Weiland, and I am a retired OB/Gyn physician living in Kihei. Thank you for the opportunity to provide this testimony in favor of HB 576.

When I was a medical student in Chicago in 1972, I saw first-hand the effects of poor access to abortion services. Wealthy women always could arrange these services, however, poor women, women of color, and rural women were at a disadvantage. Desperate women would turn to illegal and unsafe methods to terminate pregnancy, often with disastrous and sometimes fatal, results. We now have very safe methods of termination, however the access to these methods is inequitably distributed. The same populations today have the same access issues, compounded by a pandemic which limits safe travel.

In Maui County both Lanai and Molokai have no local access to anyone who can terminate a pregnancy. On Maui this access is limited to a couple of days a week, with a traveling physician.

HB 576 proposes to increase the pool of qualified providers of termination services. The result would be more equal access to safe termination services, with the result of fewer unwanted pregnancies. Experience in other locales, particularly Colorado, has shown that increasing access to affordable reproductive and termination services, will lower costs to the state.

This bill should not impact the state budget, but will positively impact the lives of many of our citizens.

Thank you for the opportunity to testify.

Dr. Allan Weiland
aw3200@gmail.com
96753

HB-576-HD-2

Submitted on: 2/27/2021 10:00:02 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Marten	Individual	Support	No

Comments:

A woman's right to choose should not be impacted by the island on which she lives.

COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Tuesday, March 2, 2021 2:00 pm

Hearing on HB 576 H.D. 2

Authorizes advanced practice registered nurses to perform medication
or aspiration abortions

February 27, 2021

Mark Nakashima, Chair
Scot Matayoshi, Vice Chair
and Committee Members

I have stated in the past that although abortion is legal in the State of Hawaii, the procedure was to remain safe and protect the woman or young girl and so was to be performed by a qualified license physician.

I was pleased to see that the “physician assistant” was removed from the newest bill version. However, also noted that the following is now reflected, “...authorizing licensed advanced practice registered nurses to perform medication or aspiration abortions.” So now we have expanded the area of risk to the woman/girl by including medication abortions.

I acknowledge that the APRN’s have had extensive training which I believe is a great asset, but not in the area of abortion.

It appears that there may not be a shortage of physicians, but more so those willing to perform these abortions?

I continue to strongly oppose the of this bill.

Respectfully,
Rita Kama-Kimura

HB-576-HD-2

Submitted on: 2/27/2021 10:51:10 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sunny Savage	Individual	Support	No

Comments:

Reproductive rights are a social justice and environmental issue as well. Women know what is best for their own bodies, please support them in making the best decision for themselves.

HB-576-HD-2

Submitted on: 2/27/2021 11:20:18 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Valerie Weiss	Individual	Support	No

Comments:

Please support.

HB-576-HD-2

Submitted on: 2/27/2021 11:30:59 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
LindaPizzitola	Individual	Support	No

Comments:

With "reproductive health care" falling squarely on women (except for the few men willing to submit to a vasectomy) this bill is critical for affordable and efficient access to family planning.

Neighbor island residents are forced to travel to access care, incurring costs for transportation, lodging, and childcare.

COVID-19 has worsened existing financial and logistical barriers to care, including making travel more difficult, expensive, and risky.

Testimony for =Bill HB576

I have been a licensed mental health professional for over 30 years.

Many children are born handicapped from in uterine exposure to alcohol and other damaging substances. Many of the parents that I helped would have benefited from reproductive care and were unable to receive such care. The children born handicapped by pre-birth negative substances are often in need of special services for their entire life. This makes no financial sense and often causes mental health issues for both the parents and the children.

Available reproductive services are a way to stop a problem before it manifests.

Sincerely,

Mira Walker

HB-576-HD-2

Submitted on: 2/27/2021 11:58:35 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara L. George	Individual	Support	No

Comments:

SUPPORT!!!! ESSENTIAL to provide timely reproductive health care to residents no matter where they live!!

HB-576-HD-2

Submitted on: 2/27/2021 12:08:03 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Aloha JHA Chair and Committee Members

I oppose HB576.

When abortion was legalized 48 years ago it was said then that women's health had to be protected from back-alley, coat hanger abortionists who would inevitably be the practitioner of choice without legalization. This justification levied the requirement that only the most qualified and credentialed of doctors were to perform abortion procedures.

Now HB576 seeks to institutionalize that very risk to women's safety and health.

Vote NO on HB576 to protect women's health as was intended in the first place.

Mark White

Waipahu HI

HB-576-HD-2

Submitted on: 2/27/2021 12:10:04 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carla Allison	Individual	Support	No

Comments:

My name is Carla Allison and I strongly support HB 576 which would allow highly trained Advanced Practice Registered Nurses to perform early in-clinic abortions. I ask that the House Judiciary and Hawaiian Affairs Committee adopt consistent language and change the effective date so patients can immediately access care. HB576 with an immediate effective date will correct Hawai'i's outdated and medically unnecessary restriction of allowing only physicians to provide abortion care. Too many people in Hawai'i, especially those on islands like Kaua'i, Moloka'i, and LÄ• na'i have to travel by air or by ferry just to reach a qualified physician. This enormous, unfair barrier adds time, travel costs, and potential COVID exposure just to access a time-sensitive and safe medical procedure. Please support HB576 with and immediate effective date. Thank you.

HB-576-HD-2

Submitted on: 2/27/2021 12:13:39 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph E Summerfield	Individual	Oppose	No

Comments:

DEFINITELY OPPOSE --- REASON IS THAT LIVING CHILDS REACTION TO SUCH TORTURE

OUCH, OOHHHHHH, HURT, PAIN, TORTURE, DISCOMFORT, DOWN RIGHT GUT WRENCHING / then Silence -----

Father GOD, FORGIVE THEM FO THEY DO NOT KNOW WHAT THEY ARE DOING.

HB-576-HD-2

Submitted on: 2/27/2021 12:52:18 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Sevy	Individual	Support	No

Comments:

Please support this bill. We should not be required to fly to a different island to get reproductive care.

HB-576-HD-2

Submitted on: 2/27/2021 1:11:47 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Allison Jacobson	Individual	Support	No

Comments:

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

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

Everyone in Hawaii should have equal access to the healthcare they need. Here on Kauai, we do not have access to a local care provider which means that individuals are forced to travel to access care, making receiving care very expensive. These costs are a major barrier to reproductive healthcare. We need to allow qualified providers on Kauai to provide this care for our community. Everyone should have the right to choose and access the care they need.

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

Allison Jacobson

adnojacobson@gmail.com

96703

HB-576-HD-2

Submitted on: 2/27/2021 1:39:30 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alana Reis	Individual	Support	No

Comments:

I support this Bill as necessary protection for women and families, with safe access to abortion care and family planning resources.

HB-576-HD-2

Submitted on: 2/27/2021 2:14:01 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Rost-Banik	Individual	Support	No

Comments:

I write in support of HB576, which will reduce costs and ensure patients can safely access health care, including early abortion care. This bill ensures that qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – are allowed to provide early abortion care but that they nor patients are forced to travel to another island for reproductive health care.

I respectfully ask that you support HB576.

Mahalo,
Colleen Rost-Banik, PhD
Honolulu resident

HB-576-HD-2

Submitted on: 2/27/2021 2:32:48 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Aloha,

Help provide women with the reproductive freedom they have fought for, won, and deserve. This bill does that by helping to reduce costs and ensures that patients and health care providers are not forced to travel to another island for reproductive health care.

mahalo and sincerely,

janice palma-glennie

HB-576-HD-2

Submitted on: 2/27/2021 2:55:27 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Christopher Boscole	Individual	Support	No

Comments:

Support HB576 HD 2

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.

- 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 Lanai, 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.

HB-576-HD-2

Submitted on: 2/27/2021 2:57:04 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
cheryl B.	Individual	Support	No

Comments:

SUPPORT

Everyone should have equal access no matter which island is their residence.

HB-576-HD-2

Submitted on: 2/27/2021 3:07:07 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Bliss Kaneshiro	Individual	Support	No

Comments:

TO: House Committee on Judiciary and Hawaiian Affairs

DATE: Wednesday, February 27, 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

HB-576-HD-2

Submitted on: 2/27/2021 3:30:05 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Chezlani Casar	Individual	Support	No

Comments:

We desperately need more and easier access on the neighbor islands to this critical health care need. This bill will help provide that.

HB-576-HD-2

Submitted on: 2/27/2021 3:36:15 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dee Green	Individual	Support	No

Comments:

Aloha

I am writing today in support for HB 576. Access to abortion care is exceedingly difficult and expensive, COVID 19 has increased the cost and risk due to travel restrictions. Limited access to care is a real and dangerous issue. No one's health and well being nor financial security should be at risk because we weren't able to provide access to medical care for abortions

Thank you

HB-576-HD-2

Submitted on: 2/27/2021 3:40:07 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Passage of this legislation will provide a great improvement in Health Care for the women of Hawaii both in quality and accessibility. Please support this vital legislation.

HB-576-HD-2

Submitted on: 2/27/2021 3:40:30 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
jeanne wheeler	Individual	Support	No

Comments:

This is so important for our more rural residents - please pass.... Mahalo

HB-576-HD-2

Submitted on: 2/27/2021 4:50:48 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Access to safe abortions on all the islands is so important. I know without low-cost access, girls and women will go to desperate and dangerous measures. This will save and change lives.

HB-576-HD-2

Submitted on: 2/27/2021 5:06:59 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rochelle Panoked	Individual	Oppose	No

Comments:

I strongly oppose HB576, including any and all future amendments. I am for pro-life and I clearly understand what HB576 entails. I strongly believe that Women in Hawaii should have the best and proper of health care. It is NOT in the best interest of any patient to be have medical procedure done by a medical nurse or physician assistant, that are not highly skilled and qualified as a physician. What if something happens to a young lady during the procedure performed by a non-physician? Medical nurses and physician assistants are not qualified to carry the same burden as physicians, and why should they. Such bill as this is very harmful and detrimental for Hawaii's future generations. This opens the doors for gross negligence, and many more.

Again, while I do not agree with abortions; but under Hawaii's existing law, it should be performed safe. Having anyone other than a physician does not make abortion safe.

Please vote NO on HB576. Women of Hawaii carries Hawaii's future generations.

HB-576-HD-2

Submitted on: 2/27/2021 5:45:17 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments:

Support

HB-576-HD-2

Submitted on: 2/27/2021 6:12:49 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Boucher	Individual	Support	No

Comments:

Improved access to health care is always important.

Can the effective date of this bill be changed to something sooner than 40 years from now?!

HB-576-HD-2

Submitted on: 2/27/2021 9:18:11 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Hansen	Individual	Support	No

Comments:

Dear Representatives,

Your support of this bill is most needed. This will reduce costs and ensure that patients and health care providers are not forced to travel to another island for reproductive health care.

Mahalo,
Elizabeth Hansen,
Hakalau HI 96710

HB-576-HD-2

Submitted on: 2/27/2021 9:50:14 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rodger Hansen	Individual	Support	No

Comments:

Dear Representatives,

Your support of this bill is most needed. This will reduce costs and ensure that patients and health care providers are not forced to travel to another island for reproductive health care.

Mahalo

HB-576-HD-2

Submitted on: 2/27/2021 9:56:25 PM

Testimony for JHA on 3/2/2021 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-2

Submitted on: 2/28/2021 12:58:38 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Valkenaar	Individual	Support	No

Comments:

I support a woman's right to choose, and I support granting her access to reproductive Health Care.

HB-576-HD-2

Submitted on: 2/28/2021 1:07:59 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

I strongly oppose this bill. Any form of abortion is not okay. It is ending the life of a human being regardless of who is performing the procedure . Please do not pass this bill.

Thank you,

Alice Abellanida

HB-576-HD-2

Submitted on: 2/28/2021 1:19:15 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Pete Wilson	Individual	Support	No

Comments:

[HB 576](#) will correct Hawai'i's outdated and medically unnecessary restriction of allowing only physicians to provide abortion care. Too many people in Hawai'i, especially those on islands like Kaua'i, Moloka'i, and Lāna'i have to travel by air or by ferry just to reach a qualified physician. This enormous barrier adds time, travel costs, and potential COVID exposure just to access a time-sensitive and safe medical procedure.

We are requesting that the House Judiciary and Hawaiian Affairs Committee adopt consistent language and change the effective date so patients can immediately access care. Without these changes, HB 576 is a well-intentioned but flawed bill.

Sincerely,

Peter Wilson

HB-576-HD-2

Submitted on: 2/28/2021 5:31:01 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

I am an obstetrician-gynecologist (OB/GYN) in Hawai'i, and I am testifying in support of House Bill 576. I specialize in women's health care and a part of my training and practice are aspiration procedures. By allowing advanced practice registered nurses and physicians assistants to perform aspiration abortions, we would increase access to basic healthcare for the women of our state.

I am one of the few OB/GYNs in the state who provide aspiration abortions to my patients. I travel to Maui to perform them, but unfortunately women travel from other islands to Oahu if they need this procedure, taking time off work and needing to find childcare, risking covid19 exposure for themselves and their families. They often ask me why this basic and much needed service isn't offered in their own community. The majority of these procedures take place in the first trimester.

I have trained other doctors and medical students how to do aspirations. It is one of the simpler procedures that OB/GYNs perform and is expected that our first year physicians in training can complete independently. I have the privilege to work with highly skilled APRNs and PAs in a variety of clinical settings. I know that they are more than capable of safely performing this procedure. This is backed by research, by the National Academies of Sciences, Engineering, and Medicine and by laws in twelve states.

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.

HB-576-HD-2

Submitted on: 2/28/2021 7:05:02 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Gannon	Individual	Support	No

Comments:

Hi Joan here from West Hawaii supporting HB576. This is important for people in my neighborhood to have the ability to receive proper reproductive health care. Very important people with few resources. A big women's issue. Please pass this bill.

Thank You

Joan Gannon

HB-576-HD-2

Submitted on: 2/28/2021 7:41:29 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rexann Dubiel	Individual	Support	No

Comments:

Be pono.

I want the right to choose.

I want proper health care for everyone, regardless of gender.

Please, support HB576.

HB-576-HD-2

Submitted on: 2/28/2021 10:13:17 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
marianne george	Individual	Support	No

Comments:

Support women's affordable access to health care

HB-576-HD-2

Submitted on: 2/28/2021 10:56:27 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Noelani Ahia	Individual	Support	No

Comments:

I support this bill for the following reasons:

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.

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.

HB-576-HD-2

Submitted on: 2/28/2021 11:21:20 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
jeanne lindgren	Individual	Support	No

Comments:

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Jeanne Lindgren 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 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.

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,

Jeanne Lindgren

jmlmilkyway@gmail.com

96817

HB-576-HD-2

Submitted on: 2/28/2021 11:57:26 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Emma Schweitz	Individual	Support	No

Comments:

HB576 is one, if not arguably the most important bill to be voted on. Abortion care and access are essential, and we constantly see what happens to communities and women's lives when that access is not available. Allowing qualified licensed professions, 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. It would allow abortion access to be more available in emergency situations and especially to those who cannot afford to travel and take time away. My own mother was having a time-sensitive abortion when I was in my adolescent years. If she was unable to have that abortion quickly and safely, she would have died. Abortion access strongly affects each and every one of us whether or not you realize it. Many states across the country allow certain qualified licensed providers to provide early in-clinic abortion care including California, Colorado, Illinois, Maine, New Hampshire, New York, Oregon, and Virginia, just to name a few. Each of these states is doing well providing safe abortion care to clients who know and trust their providers. Lifting this unnecessary restriction will also save the state money, not only the people in need. Improved access to providers of early pregnancy care reduces delays and therefore reduces the costs for patients, insurers, and the state. Also, meaningful, equitable access to abortion care also limits costs associated with unintended pregnancy in Hawai'i, Especially with Covid-19 harshly impacting so many communities, easier abortion access is exceptionally critical during these times. Women deserve to have the right to have easy abortion access because that itself, determines if the woman is forced to stay pregnant. Pass 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, where they live, or their circumstances.

HB-576-HD-2

Submitted on: 2/28/2021 12:00:37 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Bursack	Individual	Support	No

Comments:

Everyone has a right to safe and accessible medical treatment!

HB-576-HD-2

Submitted on: 2/28/2021 12:09:26 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
tlaloc tokuda	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.**

âžŸ **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.**

âžŸ **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.**

âžŸ **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.

Mahalo for your consideration,

Tlaloc Tokuda

Kailua Kona, HI 96740

HB-576-HD-2

Submitted on: 2/28/2021 12:22:14 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephanie Austin	Individual	Support	No

Comments:

Support this important health care bill for all of Hawaii's women!

HB-576-HD-2

Submitted on: 2/28/2021 1:34:35 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Annette Manant	Individual	Support	No

Comments:

Representative Mark Nakashima Chair
Representative Scot Matayoshi, Vice-Chair
House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

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

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. People on Kauai, Molokai, and Lanai, and the west side of Hawaii 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,

Annette Manant
PO Box 1271
Honokaa, HI 96727

annette.manant@gmail.com

HB-576-HD-2

Submitted on: 2/28/2021 1:44:03 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Vickie Parker Kam	Individual	Support	No

Comments:

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Vickie Parker Kam and I am writing today in support of HB 576.

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

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. **This basically insures only those that can AFFORD medical support will recieve medical support.** Maui only has access to a provider twice each month and the provider must fly from another island.

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.

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

Vickie Parker Kam

vlpkam96707@gmail.com

96707

HB-576-HD-2

Submitted on: 2/28/2021 2:12:08 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melia Leslie	Individual	Support	No

Comments:

Dear Chair Nakashima, Vice Chair Matayoshi, and esteemed members of the committee,

My name is Melia Leslie and I'm writing today in support for HB 576 for these reasons following:

- 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.

âžŸ People on Kaua'i, Moloka'i, and LÃ• 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.

âžŸ 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.

âžŸ 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.

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

HB-576-HD-2

Submitted on: 2/28/2021 2:28:44 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Marsha Hee	Individual	Support	No

Comments:

I support HB576 to authorize advanced practice registered nurses to perform medication or aspiration abortions because I favor women having increased access to healthy abortions and sound medical advice.

To: House Committee on Judiciary & Hawaiian Affairs
Representative Mark M. Nakashima, Chair
Representative Scot Z. Matayoshi, Vice Chair

Hearing: Tuesday March 02nd, 2:00pm

From: Lezlee Cabaya
BSW Student
UH Manoa Thompson School of Social Work and Public Health

Re: Support for HB 576 Relating to Healthcare

Aloha Chair Mark Nakashima and Vice Chair Scot Matayoshi:

My name is Lezlee Cabaya and I'm a BSW junior student at University of Hawaii at Manoa Thompson School of Social Work & Public Health. I stand before you today 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 because it would allow women to have more access to these healthcare services without having to worry about traveling to another island or adding additional cost. Due to COVID-19, the pandemic has placed barriers upon our citizens that could make it quite difficult to access these services. People that live on Kauai, Moloka'i, Lanai, and the west side of Hawaii do not currently have access to a doctor, which results in them traveling to another island. If this bill was to be passed, it would give patients the opportunity to access these services within their own community. According to Tracy Weitz, "The University of California San Francisco's Bixby Center for Global Reproductive Health evaluated nurse practitioners, certified nurse midwives, and physicians assistants providing early in-clinic abortion care. Over the five-year study, almost 8,000 patients received care from a qualified licensed provider, and the study found comparable rates of safety, effectiveness, and acceptability when compared to care from a physician." I would like to share that I myself was someone that needed to do an abortion service and it was very difficult because they was only allowed to this procedure if the doctor was in and it goes based by appointments. Plus the only clinics that do these services are located in Ala Moana side and I live on the West Side.

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 the opportunity to testify in support for this bill,

Lezlee Cabaya

University of Hawaii at Manoa Myron Thompson School of Social Work and Public Health
96822
cabayal@hawaii.edu

HB-576-HD-2

Submitted on: 2/28/2021 2:42:54 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Aloha Chair Nakashima, Vice Chair Matayoshi 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, Lana'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

Honolulu, 96816

HB-576-HD-2

Submitted on: 2/28/2021 3:15:32 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Aloha Lawmakers,

Please, SUPPORT this vital legislation.

HB-576-HD-2

Submitted on: 2/28/2021 3:30:53 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Whispering Wind	Individual	Support	No

Comments:

Aloha Lawmakers,

Please, SUPPORT this vital legislation.

HB-576-HD-2

Submitted on: 2/28/2021 3:35:16 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Barry	Individual	Support	No

Comments:

Aloha,

We need solid reproductive healthcare for women and men on the island where they live. Not everyone can afford to fly to another island for this basic healthcare need. It's bad for our environment to jump on a plane when there should be basic healthcare on each island.

I support Planned Parenthood! Please pass HB576 HD2!

Mahalo,

Ms. Barbara Barry

Maui

HB-576-HD-2

Submitted on: 2/28/2021 4:12:33 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rebecca DiLiberto	Individual	Support	No

Comments:

I am writing in support of HB576. Every island in our state needs access to quality reproductive healthcare for everyone, not just the more populace islands. I had the unfortunate need to terminate a pregnancy in 2017, even here on Maui access to these sometimes lifesaving procedures. 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. On Maui, a doctor has to fly from Oahu twice a month to perform abortions at Planned Parenthood, and sometimes the two week gap where a doctor here is unable to perform the procedure can mean the difference between a positive outcome and a negative one. Had I not known that I was pregnant early on, that two week gap would have meant the difference between being able to receive the procedure or not. This should never be the case. On Lanai, Hawaii Island, Molokai and Kauai do not have access to doctors to perform this necessary procedure, and have to fly to Maui or Oahu in order to get access, potential accruing extra high and unnecessary medical costs. This becomes cost prohibitive to lower income women.

I was lucky enough to be able to get access to the procedure that I needed, but others are not nearly as lucky as I am. Please pass this bill and expand equitable access to reproductive healthcare to all women living in our state.

Mahalo

Rebecca DiLiberto

Kahului Maui

Testimony to House Committee of Judiciary & Hawaiian Affairs

H.B. 576 HD 2 relating to Healthcare (companion SB 624)

Tuesday March 2, 2021

2:00 PM -- House Conference Room 325 via Zoom

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

1. I most strongly **OPPOSE HB 576 HD 2**. Abortion is not healthcare but it can lead to significant damage to the physical, psychological, and emotional well-being of those who undergo the procedure. Furthermore, the objective of the procedure is to produce one or more dead babies. A fetus is undeniably a young baby. Abortion should be classified as a crime against humanity. I expect some time in the future the truth about the genocide nature of the abortion business will become general public knowledge and those who have promoted it in any way, including introducing bills that expand its availability and degrade the competence of the providers, will be held accountable. No Senator or Representative should vote for this bill. I can understand why medical doctors do not want to be involved with performing this particular procedure. It probably gives them nightmares. No one likes to look at pictures of aborted babies. Just imagine you have dedicated yourself to saving life and the being the one to intentionally take the life of a living human being. It must be a horrible feeling. [Dr. Bernard Nathanson](#), an early abortion proponent, could not perform them after watching a young “fetus” (aka - baby) fight for its life on the ultrasound machine while he was doing a procedure. Perhaps everyone who is planning to vote in favor of this measure should be required to watch a procedure on an ultrasound at the latest stage of being “non-viable” before voting. It is time for a great awakening about the horrors of this procedure.

2. The bill states: “Abortion shall mean an intentional termination of the pregnancy of a nonviable fetus. The termination of a pregnancy of a viable fetus is not included in this section.” What constitutes a viable versus a non-viable fetus? Is it under 4 weeks, 5 weeks, or right up to 40 weeks? Who determines viability? The only “non-viable” fetus is one that is classified as a miscarriage. All other pregnancies are viable, only needing time in the womb. If they weren’t viable, there would be no need to aggressively terminate their life.

3. Hawaii’s hostility to the practice of medicine by medical doctors has created a doctor shortage in Hawaii that our state refuses to address. In fact, the extended (and unnecessary) lockdown for the SARS/CoV2 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. Uterine perforation is a medical risk of aspiration abortions. 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 is not an option worthy of consideration by our elected officials.

4. Do not pass nor amend HB 576 HD2. It needs to be completely dropped from consideration. Address the doctor shortage and help us go back to the beautiful Hawaiian tradition of welcoming new life into our community.

HB-576-HD-2

Submitted on: 2/28/2021 6:26:43 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Aloha Representative Nakashima and the House Committee on Judiciary and Hawaiian Affairs,

I am an obstetrician-gynecologist and abortion provider in Hawaii, and I am writing to encourage you to support HB 576 to authorize APRNs to do medication and procedural abortions. For many families in our state, abortion is not accessible in their local community and women have to travel to Oahu or Maui for abortion care. Travel for health care has also become even more challenging during the COVID-19 pandemic, and women and families face additional logistical hurdles when seeking abortion care. Allowing APRNs to provide abortion care would expand the provider workforce and allow more women the opportunity to receive care in their communities. APRNs already do a number of other procedures and can be trained to be safe and competent abortion providers, and there is strong evidence from other states to support this. As an educator, I train medical students and residents in abortion care and I can assure you that medication and procedural abortion skills are well within the skill set of APRNs.

In addition, I would like to recommend an amendment to HRS 453-16, which currently states that only physicians can perform abortions. When you pass this bill and allow APRNs to provide abortion care, it will conflict with this statute, and I recommend that the language about physicians be eliminated from HRS 453-16.

Thank you for your consideration,

Shandhini Raidoo, MD, MPH

HB-576-HD-2

Submitted on: 2/28/2021 6:39:37 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lanny Sinkin	Individual	Support	No

Comments:

The constitutional right to an abortion should not be frustrated by limiting access to family planning services.

HB-576-HD-2

Submitted on: 2/28/2021 6:41:43 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
sharon douglas	Individual	Support	No

Comments:

Please support this bill so our ohana can make empowered decisions that support optimal lives and a healthy community.

HB-576-HD-2

Submitted on: 2/28/2021 6:44:35 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
sylvia cabral	Individual	Support	No

Comments:

give every child, teen woman access to health education and care and full rights and choices.

HB-576-HD-2

Submitted on: 2/28/2021 7:32:54 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Emma Trainor	Individual	Support	No

Comments:

I live in Pahoia HI and am in support of HB576

HB-576-HD-2

Submitted on: 2/28/2021 7:45:09 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Support.

HB-576-HD-2

Submitted on: 2/28/2021 8:34:28 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tane Datta	Individual	Support	No

Comments:

I support this bill.

HB-576-HD-2

Submitted on: 2/28/2021 8:45:35 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Meredith Buck	Individual	Support	No

Comments:

I strongly and enthusiastically support HB576. This measure would provide critical health services to rural communities. For me, I have in the past had to travel to another island or even to the continent just to get the reproductive care I needed. I'd love to see greater access across Hawai'i. Please pass HB576. Mahalo nui for your time.

HB-576-HD-2

Submitted on: 2/28/2021 8:51:35 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carolyn Eaton	Individual	Support	No

Comments:

Aloha, my name is Carolyn Eaton and I am an Oahu voter. This measure will assure access to reproductive health care for women living on our neighbor islands, and as such it should be passed for the sake of equity. Thank you for your work.

HB-576-HD-2

Submitted on: 2/28/2021 8:53:38 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
chandra radiance	Individual	Support	No

Comments:

Isn't it about time: Reproductive health care ppl and patients need to be able to receive care on the island they reside on.

HB-576-HD-2

Submitted on: 2/28/2021 9:12:11 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Committee Chair and Members,

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

This is being put forward as women's healthcare, but the practices proposed in this bill serve to jeopardize women's health for the sake of convenience. Allowing APRNs to perform aspiration abortions in an office separate from a hospital (remote locations for greater access), puts women's health in greater jeopardy should something in the procedure not go as planned and the woman begins to hemorrhage or has some other unforeseen complication. At the very least, any medical procedure that is so invasive, and which can be performed on a minor without the consent of her parents should be under done so by a licensed physician.

I ask that you not support the passing of this measure.

Thank you.

Kerrie Villers

HB-576-HD-2

Submitted on: 2/28/2021 9:29:27 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Aloha, I write to you as a Maui county resident with first hand experience of the lack of reproductive healthcare in our county. I grew up on Molokai and I know that not having services readily available is a major problem. We need to do much better at providing these services to every single person who needs them in our state. I was recently told by my own health plan Kaiser, that if I want a certain service from my healthcare plan, then I have to go to Oahu and pay my own way? Its not fare and not right, as I cant afford the almost \$200 round trip ticket and I dont want to travel off island at this time either. I strongly support this bill. Thank you, Brandi Corpuz (Kihei, Maui)

HB-576-HD-2

Submitted on: 2/28/2021 9:40:43 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Morgan	Individual	Support	No

Comments:

Please support this bill to reduce costs and ensures that patients and health care providers are not forced to travel to another island for reproductive health care.

Thank you,

Andrea Morgan

28 Feb 2021, on House Bill 576 that would allow nurses to perform aspiration abortions in Hawaii.

Hello My name is Joseph P. Picon a registered voter in Hawaii. I strongly oppose HB576. Pro-abortionists claim abortion is vital healthcare. Abortion is not health care. Abortions kills the human being in the womb.

Although legal in Hawaii, and deadly to the child in the womb, abortion still needs to be handled in such a way that it avoids physically harming the mother. For this reason it should only be performed by a trained licensed doctor.

Upon performing an aspiration abortion there is always the possibility of cervical lacerations, uterine perforation, bowel perforation and hemorrhaging. A doctor's direct intervention in these occurrences is vital.

Allowing nurses to perform these procedures is a downgrading of women's healthcare and is unacceptable. It must be stopped now.

I strongly oppose this bill. Please vote no on this bill.





Hearing Date: March 2, 2021

To: Chair Nakashima, Vice Chair Matayoshi, and Members of the House Committee on
Judiciary and Hawaiian Affairs

From: Kiersten Chong

Re: HB 576 – Relating to Health Care

Position: Strong support

Dear Chair Nakashima, Vice Chair Matayoshi, and Members of the House Committee on
Judiciary and Hawaiian Affairs

I am a medical student at the University of Hawaii, John A. Burns School of Medicine and I am writing in support of HB 576.

As a medical student, I have experienced first-hand the hard work, time, and effort put into my education to help my future patients to the best of my ability. This dedication to patients is found throughout all roles in health care from physicians to nurses to therapists. It is therefore reasonable that those in these roles place the same effort into their education and are equally, if not more, qualified in their area of expertise as a physician.

In recent years, the prevalence of advance practice registered nurses (APRNs) has grown. From 2010 to 2017, the number of APRNs per 100,000 population has nearly doubled from 23.2 to 45.8. APRNs are often more accessible than physicians and generally perform the same roles as physicians. If physicians are able to perform aspiration abortions, it would only make sense for APRNs to have that same opportunity. With training, they will be equally qualified as any physician would be.

Allowing APRNs to perform aspiration abortions would expand this service to more women across Hawaii, especially those in rural communities who face large barriers in access to healthcare. Few physicians serve these rural areas and it is often difficult for them to meet the needs of their entire community. Studies have shown that APRNs are more likely to practice in rural areas than physicians are and can be the solution to the health disparities rural communities face. This is especially important in Hawaii where those who live on the outer islands often need to travel to Oahu to receive medical care.

Access to aspiration abortions is a time-sensitive matter as they must be performed within the first 5-12 weeks of pregnancy. APRNs should therefore be allowed to perform aspiration abortions just as their physician counterparts are allowed to. They are equally competent as physicians and should therefore have the same opportunities to serve their patients. This would also provide greater access to those in rural communities, who are often underserved in regard to healthcare, a big problem in Hawaii.

For these reasons outlined above, **I support HB 576.**

Mahalo for your time and consideration,

Kiersten Chong

HB-576-HD-2

Submitted on: 2/28/2021 10:04:17 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jared Brewer	Individual	Support	No

Comments:

Please ensure patients and health care providers are not forced to travel to another island for reproductive health care.

HB-576-HD-2

Submitted on: 2/28/2021 10:24:25 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sierra Sonene Donnelly	Individual	Support	No

Comments:

I support this bill which ensures that patients and health care providers are not forced to travel to another island for reproductive health care. Thank you!!

3/1/21

Representative Mark Nakashima, Chair
Representative Scot Matayoshi, Vice-Chair
House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and members of this committee,

My name is Emma Lowrey and I am writing today in strong support for HB 576.

I fully support the bill; because access to safe, legal abortions is a healthcare right.

As you are I'm sure aware, this bill would make it possible for more medical professionals to perform abortions. This is so important for our rural communities. There is a shortage of doctors here on my lovely island of Hawai'i, where I was born and raised. Partially because of this, I see an APRN for my yearly well woman visits. My APRN, Victoria Seebruch, is a part of the Bay Clinic here in Hilo, a town without a planned parenthood clinic to provide abortion care to fulfill the letter of the law.

Ms. Seebruch told me she sees many women for well-woman visits, has walk-in hours, and, when I told her one of the organizations I volunteer for is Planned Parenthood, to direct people in need of care her way. I was very impressed with the Bay Clinic; they asked me, as part of their routine check up, if I was being abused in any of my relationships. Thankfully I am not, but I was impressed that they asked, in a perfect confidential setting for that question. I was impressed, at first, but then saddened, because some people must answer yes. Some such survivor of abuse might just be in need of an abortion, and I'd like to think that they could, with the help of you and this bill, receive necessary, legal healthcare from a very capable practitioner such Ms. Seebruch. Maybe one day, after this bill passes, they will.

Please feel free to reach out with any questions or concerns. I will be working on Tuesday afternoon, so I cannot submit oral testimony as well. Thank you very much for your time.

Emma Lowrey
elowrey2345@gmail.com
96710

2/28/21

To: Chair Representative Mark M. Nakashima,
Vice Chair Representative Scot Z. Matayoshi
And Members of the House Judiciary & Hawaiian Affairs Committee,

I am testifying to **OPPOSE HB576, Relating to Health Care.**

The issue is NOT whether I OPPOSE or SUPPORT Abortion, the issue is whether it is safe for the mother and baby to NOT have a Licensed Physician perform the abortion.

I OPPOSE HB576 because studies show that it is NOT safe for the mother or the baby NOT to have physical access to a Licensed Physician when having an abortion. There is a reason this law is in place. A Licensed Physician must be the one to perform an Abortion and the reason that law is in place is because major complications can arise before, during and/or after an abortion.

A study from the *American Journal of Public Health* found that out of about 11,000 abortions from 2007 to 2011, a percentage of these women had major complications. They had to be hospitalized. The question is "Is it SAFE for women and children?" **The fact that there can arise major complications from abortions should be one of the determining factors. So not if but when a major complication arises, a Licensed Physician should be present** in person to determine the next steps, in order to save the woman's life (and baby's life, if he/she survives).

Upon graduating from Medical School, most doctors take the *Hippocratic Oath* or some modern version of the *Hippocratic Oath*. Nearly every version says that the doctor will do their best for the "welfare of the patient" and to never use their knowledge "to do harm." These oaths are taken by Licensed Physicians, only. Advanced practice registered nurses and other health care professionals do not take this oath.

In addition, advanced practice providers and physicians work together to take care of patients because they have different skill sets. The bottom line is that they should work together, not independently when treating a patient. Their skill sets are complimentary to each other.

Allowing an advanced practice provider to work independently from the Licensed Physician is negligent, not safe and definitely not in the best interest of the woman and baby.

Abortions should only be performed by Licensed Physicians!

Margaret Mejia

HB-576-HD-2

Submitted on: 2/28/2021 11:41:12 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Elaine E Rossi	Individual	Support	No

Comments:

Representative Mark Nakashima Chair

Representative Scot Matayoshi, Vice-Chair

House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

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

It is difficult to hear from neighbor island friends and colleagues about the unnecessary costs and delays currently caused by the need for medical doctors to attend to early abortion care. Our state has a serious shortage of providers especially in rural and lower income communities, and this bill would help solve the access issue for important early abortion services. Disproportionately affected people including young people are facing even more obstacles to care now because of the cost and difficulty of neighbor island travel during this pandemic to get care from a physician when it could be provided on their home islands if this bill passes.

Please help modernize our laws and increase access to safe early abortion to all Hawaii's people no matter where they live.

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

Elaine Rossi
Rossideleon@gmail.com

HB576 Relating to Health Care.

March 2, 2021, 2:00 p.m. Zoom

Aloha Chair Nakashima, Vice Chair Matayoshi and committee members.

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

Hawaii has a critical 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 abortion.

Barbara J. Service MSW (ret)

Senior Advocate

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

HB-576-HD-2

Submitted on: 3/1/2021 12:37:20 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alina Moka	Individual	Oppose	No

Comments:

I strongly oppose HB576 HD2.

I believe this is not a safe solution for more accessible healthcare. Aspiration abortions sometimes result in a variety of severe complications including but not limited to cervical lacerations, uterine perforation, and hemorrhaging. When these abortions are performed in remote places for convenience sake, away from a hospital or licensed doctor, it actually puts women in greater danger. This is not the answer, please vote NO on HB576 HD2.

Thank you for your time,

Alina Moka

HB-576-HD-2

Submitted on: 3/1/2021 3:33:17 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Jaworowski	Individual	Support	No

Comments:

I support this bill allowing 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 meets the specification provided in the bill. This provides access and fairness to all women in Hawaii.

HB-576-HD-2

Submitted on: 3/1/2021 7:18:26 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

To Representative Nakashima, Chair and Members of the House Judiciary and Hawaiian Affairs Committee

RE: Relating to Health Care

Date: March 2, 2021 2pm

I am Patricia Bilyk an Advanced Practice Registered Nurse. I've practiced in the State for over 49 years.

I stand in **STRONG SUPPORT** of HB 576 HD 2 .

I wish to underline several key points:

1. It will be important to have a clean effective date as start of this law to achieve consistency and adequate protection for APRNs;
2. It will be further important to allow APRNs to provide abortion care consistent with a growing trend in the USA with 12 states presently having such laws.
3. It is key to provide women on Kauai, Molokai, Lanai and West Hawaii Island to have access to a local provider of abortion services so they do not have to travel with additional costs and delays to obtain these services.

I encourage this Committee to pass this bill.

Thank you

Patricia L. Bilyk, APRN, MSN, MPH

Representative Mark Nakashima Chair
Representative Scot Matayoshi, Vice-Chair
House Committee on Judiciary and Hawaiian Affairs

IN SUPPORT

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

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

Qualified licensed providers such as APRNs and PAs should be allowed to provide early abortion care. This is especially important with the current state of COVID-19, as patients and providers should not need to make any unnecessary travel or endure any extra economic hardship due to the cost of travel or medical care. Travel to reach care is already a large barrier to many, and the passing of HB 576 would relieve an unnecessary burden to those who have been facing multiple barriers to getting the healthcare they need.

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

Mallory Thompson
mallory3@hawaii.edu
64118

HOUSE COMMITTEE ON JUDICIARY AND HAWAIIAN AFFAIRS

REPRESENTATIVE MARK M. NAKASHIMA, CHAIR

REPRESENTATIVE COT Z. MATAYOSHI, VICE-CHAIR

Bill: H.B. 576, H.D.2

Room: 325

Dear Chair Nakashima, Vice-Chair Matayoshi, and Members of the Committee

I stand in full support of H.B. 576, H.D.2 and urge your passage of this measure.

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.

Thank you for your consideration,

Pat McManaman

HB-576-HD-2

Submitted on: 3/1/2021 9:04:59 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ingrid Peterson	Individual	Support	No

Comments:

Please support this bill supporting equal access for reproductive and other healthcare. Wool ein rural areas should be able to access need healthcare without undue burdens.

HB-576-HD-2

Submitted on: 3/1/2021 9:09:58 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
david mokan	Individual	Oppose	No

Comments:

I strongly oppose HB576 HD2.

I believe this is not a safe solution for more accessible healthcare. Aspiration abortions sometimes result in a variety of severe complications including but not limited to cervical lacerations, uterine perforation, and hemorrhaging. When these abortions are performed in remote places for convenience sake, away from a hospital or licensed doctor, it actually puts women in greater danger. This is not the answer, please vote NO on HB576 HD2.

Thank you for your time.

HB-576-HD-2

Submitted on: 3/1/2021 9:21:18 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lorraine Newman	Individual	Support	No

Comments:

Aloha from Kauai,

I stringly support passage of this bill.

I am well aware that the issue of abortion is fraught, and I will not attempt to address the right or wrong of it here. At this point in time it is legal for a woman to make the choice to end her pregnancy, and part of this right is access to a safe and accessible means of doing so.

I have witnessed more than one woman on Kauai face the dilemma of finding herself pregnant without having the financial means to fly to Oahu or Maui for an abortion. In fact, two trips are needed as there is a follow-up protocol. The cost of the procedure, flights, hotels, meals... times two is extremely costly. You get it.

One of the women I know who couldn't afford the costs involved drank a concoction she believed would induce a miscarriage. It did not go well. I mention this because whether or not anyone believes abortion it is morally or ethically right, there will be women who will do whatever they can to end their pregnancies, even if there is a risk to their health.

As long as abortion is legal in the state of Hawaii, the state is bound to make safe abortion available on every island. This bill goes a long way toward this end.

Please pass this bill.

Mahalo,

Lorraine Newman

HB-576-HD-2

Submitted on: 3/1/2021 9:32:04 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeffrey Coakley	Individual	Oppose	No

Comments:

Aloha,

I realize abortion is legal in the State of Hawaii but I am very concerned that other than a trained medical doctor to perform an aspiration or medical abortion I am concerned for the health and safety for the patient if complications should arise.

I can see abortions would be more convenient, affordable and more assessible but I am more concerned for the health and safety for the individual getting an abortion.

I strongly oppose this HD576

HB-576-HD-2

Submitted on: 3/1/2021 9:40:30 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

I stand with Hawaii Life Alliance. They is the leading organization that focuses on life issues. We are a National Right to Life affiliate and believe that life begins at conception and ends at natural death.

HLA opposes passage of HB576 HD2 and all bills dealing with the 'scope of practice' of any health care professional which doesn't include language excluding abortion. We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that 'scope' as a means to increasing the number of lower health care professionals licensed to provide abortion services.

Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. This proposed bill provides authority to non-physicians to perform aspiration abortions. If women are going to choose to use this risky method where there are notable risks and complications, they need to be closely monitored and they need to have a licensed physician.

Further, Hawaii law does not require that medical professionals that treat minor girls for abortions notify parents of a pregnancy. Also, consent of a minor to have an abortion is also not required under Hawaii current statute. The idea of a 14 year old having a major surgical procedure without parents awareness should make all of us who are parents or concerned about children's welfare pause.

As a point of reference, the most common first trimester abortions are vacuum aspiration and suction curettage. Vacuum aspiration is performed with a machine that uses a vacuum

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808.225.4511



to suck the baby out of the uterus. The vacuum is created by a hand held pump (manual vacuum aspiration) or by electricity (electric vacuum aspiration). The electric machine is far more common in the US. Generally, the manual pump is only used to abort children who are less than 6 weeks old. Except in the very earliest abortions, the mom's cervix will be dilated large enough to allow a cannula to be inserted into her uterus. The cannula is a hollow plastic tube that is connected to either the hand or electric pump by a flexible hose. As a vacuum is created, the abortionist runs the tip of the cannula along the surface of the uterus causing the baby to be dislodged and sucked into the tube – either whole or in pieces. Suction curettage is a variation of vacuum aspiration in which the suction machine is used to get the baby out, with any remaining parts being scraped out of the uterus with a surgical instrument called a curette. Following that, another pass is made through the mom's uterus with the suction machine to help insure that none of the baby's body parts have been left behind.

Additional methods of first trimester abortion include:

1. D&C (dilation and curettage). During this procedure, the mother's cervix is dilated and a curette is scraped along the sides of the uterus to dislodge the baby. Suction is not used for this type of abortion, but since the mother is usually asleep the abortionist can dilate the cervix large enough that many passes with the curette are possible).
2. Some first trimester abortions are not accomplished using surgery, but chemicals. This procedure begins when the mom is given either mifepristone (Mifeprex; RU486) or methotrexate. Mifepristone causes the baby to become detached from its mother's uterus while methotrexate is actually toxic to the baby and, therefore, kills it directly. Once the child is either detached or dead, the mom is given a labor-inducing drug which causes the uterus to cramp and expel her dead baby. This type of abortion only works up to about the 9th week of pregnancy.

To that end, we are greatly concerned that in the event of a medical emergency such as cervical lacerations, uterine perforations, hemorrhaging, and other possible serious complications could place women and girls at great risk.

National Abortion Federation has long had a strategy for increasing access to abortion by expanding the scope of practice of lower health care professionals. For example, in December 1996, the National Abortion Federation (NAF), with funding from the Kaiser Family Foundation, convened a national symposium to explore how CNMs, NPs, and PAs could participate more fully in abortion service delivery nationwide. In 1997 they presented a symposium entitled, "The role of physician assistants, nurse practitioners, and nurse-midwives in providing abortions: strategies for expanding abortion

access." (National symposium, Atlanta, GA, 13-14 December 1996. Washington, DC: National Abortion Federation; 1997).

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808.225.4511



There is even a 'tool kit' entitled "Providing Abortion Care: A Professional Tool Kit for Nurse-Midwives, Nurse Practitioners and Physician Assistants" (2009). It was developed as a guide for health care professionals who want to include abortion as being within their scope of practice.

Expanding the number of people who can provide abortion will increase the number of unborn children being killed. We strongly urge you to prevent this from happening by making it clear that it is not within the scope or independence of practice of lower health care professionals to provide abortion.

Abortion proponents have long touted that abortion should be SAFE, LEGAL & RARE!

Although we choose life over abortion, let's keep it that way and work toward serving our most vulnerable communities with resources and life affirming programs that will help prevent and mitigate the fall out from unplanned and difficult pregnancies.

Let's also perpetuate the unique culture of aloha that never fails and protect Hawaiian babies who may one day be a voice for their great land and people!

Mahalo for allowing me the opportunity to testify in **STRONG OPPOSITION** to HB576 HD2.

To: Hawai'i State House Judiciary & Hawaiian Affairs Committee
Hearing Date/Time: Tuesday, March 2, 2021, 2:00 pm
Place: Hawai'i State Capitol, Rm. 325
Re: Testimony in support of HB 576, Relating to Equal Access to Abortion

Aloha e Chair Nakashima, Vice Chair Matayoshi, 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 and licensed advanced practice registered nurses (APRNs) (who 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, and possibly 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

Hale'iwa, 96712

HB-576-HD-2

Submitted on: 3/1/2021 10:10:53 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
James Conrad McElrath	Individual	Oppose	No

Comments:

I am adamantly opposed to expanding the opportunity for any individual in our state to participate in providing abortion procedures. Life is sacred. I will never willingly support any such measures to expand abortion access. Rather than leave women with the awful choice of abortion or an extremely challenging life circumstance of caring for and paying for a child, I would eagerly support increasing the consequences for men so that they will embrace their responsibility in caring for and paying for the new life they participated in creating. Widening the door to greater human death is not a wholesome path for humanity, nor for our community.

HB-576-HD-2

Submitted on: 3/1/2021 10:16:44 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Dear Chair Nakashima, Vice-Chair Matayoshi, 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-2

Submitted on: 3/1/2021 10:17:30 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Analyn Quintal	Individual	Oppose	No

Comments:

I, Mrs. Analyn Quintal, strongly oppose HB576 HD2. Thank you.

HB-576-HD-2

Submitted on: 3/1/2021 10:26:17 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Nelson	Individual	Support	No

Comments:

I am a retired registered nurse, having practiced in Hawaii for over 40 years. At my last job, I was a liaison nurse at a local hospice and one of our Medical Directors was an APRN. She was wonderful. Attentive, available, listening to our situations and following up with medication or other suggestions.

I have worked with APRNs many times and I think their training and expertise are so valuable and can be a solution to many situations. This bill could be one of the answers to the MD shortage on the neighborhood islands.

I fully support this bill and hope that you will see the value in passing this measure. Thank you.

Elizabeth Nelson

Kaneohe

HB-576-HD-2

Submitted on: 3/1/2021 10:27:33 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Amanda Strauwald	Individual	Oppose	No

Comments:

I can testify firsthand what an abortion does to a woman...most significantly emotionally and spiritually. But above all, abortion is taking the life of a God-created human being. Life begins upon fertilization of two living cells...a sperm and egg. All the DNA of the person is already present and just needs time to develop into form. It's simply science.

God creates life. It's arrogant and absurd to think that we have the ability/right to determine at what point in time it's acceptable to destroy life (because the fetus is viable or nonviable). The term "nonviable fetus" refers to a fetus that is unable to survive independently. This bill would allow for any "nonviable fetus" to be aborted. Would we have the right to take the life of a toddler because he/she is unable to survive independently?

I implore you to oppose this bill. Not only does this allow for abortions to continue, but it makes it easier for women to have an abortion. God is grieved, and so should we...over every baby that has been killed in the womb. Regardless of your past voting record on issues of abortion, please take a moment to truly search your heart and mind before you vote again. Consider when life truly begins...and how the miracle of life even happens. Do we have a right to end another life for the purpose of convenience...to avoid shame, uncomfortable, unideal or seemingly impossible situations? You, like I, will be held accountable...and will stand before God one day as the Judge. Please consider the gravity of your actions.

In conclusion, these words are from God Himself...the Creator and lover of life. This is what it says about YOU...and every zygote/embryo/fetus/baby in the womb.

"You made all the delicate, inner parts of my body and knit me together in my mother's womb. Thank you for making me so wonderfully complex! Your workmanship is marvelous - how well I know it. You watched me as I was being formed in utter seclusion, as I was woven together in the dark of the womb. You saw me before I was born. Every day of my life was recorded in your book. Every moment was laid out before a single day had passed." Psalm 139:13-16

Thank you for allowing me the opportunity to express my testimony toward this bill.

Amanda Strauwald

HB-576-HD-2

Submitted on: 3/1/2021 10:32:30 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Lundell	Individual	Oppose	No

Comments:

I strongly oppose this bill. I am a defender of life and this bill does not respect life, is not humane or protective of the human rights of individuals who cannot speak for themselves.

HB-576-HD-2

Submitted on: 3/1/2021 11:03:41 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kim Cordery	Individual	Oppose	No

Comments:

Aloha,

I strongly appose this horrific Bill HB576 to authorize lower health care professionals

the license to perform abortions! This Bill HB576 will in no uncertain terms increase the number

of abortions to be performed ie... babies being killed!

I personally would not be here giving this testimony had my "birth mom" decided

to do the cowardise act of aborting me! I am here because she chose life for me!

Hits home, when it means it could have been your life extracted!

Please help to stop the expansion of killing more babies!

HB-576-HD-2

Submitted on: 3/1/2021 11:08:44 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Dieperink	Individual	Oppose	No

Comments:

I STRONGLY OPPOSE HB576

Abortion should be illegal

HB-576-HD-2

Submitted on: 3/1/2021 11:30:40 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Barbour	Individual	Oppose	No

Comments:

Aloha! It is a sad thing that we are fighting to kill off the next generation.

Using the argument to give the rural poor this service is just out and out genocide. It is interesting that it is so expensive to do today, which I find fascinating. If we continue to welcome death into our community we will reap the consequences later. No wonder children no longer care for their elderly - maybe the children feel like their parents would have aborted them if they had cheaper access.

We need to focus on life giving solutions especially during this stressful time. I know that there are loving people who would adopt a baby to give it a good life. The bill does address viable and non-viable babies - Who decides who is viable and who is non-viable? It seems this is left up to the god-like physicians and now god-like nurses.

I'm speaking up for the unborn person who has no voice yet.

I strongly oppose this bill.

Deborah Bear Barbour

HB-576-HD-2

Submitted on: 3/1/2021 11:38:17 AM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Bill Brizee	Individual	Oppose	No

Comments:

I strongly appose this bill!

HB-576-HD-2

Submitted on: 3/1/2021 12:00:36 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
DORIEN MCCLELLAN	Individual	Support	No

Comments:

I urgently request passage of HB 576 to provide all women in Hawaii with equal access to essential health care.

Thank you for your immediate consideration,

Dorien McClellan

HB-576-HD-2

Submitted on: 3/1/2021 12:00:42 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Posatiere	Individual	Support	No

Comments:

I support this bill but a 2060 start date is insane - is that a typo?

HB-576-HD-2

Submitted on: 3/1/2021 12:48:36 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Representative Nakashima, Chair

Representative Matayoshi, Vice-Chair

House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Anna Chua and I am writing today in support of HB 576 HD2.

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 for this bill,

Anna Chua

annachua@hawaii.edu

96826

HB-576-HD-2

Submitted on: 3/1/2021 12:56:12 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
jennifer noel	Individual	Oppose	No

Comments:

I strongly OPPOSE HB576 because expanding the number of people who can provide abortions will increase the number of unborn babies being killed. I strongly urge you to stop this from happening by voting NO!! When society dismisses unborn babies right to life society will inevitably to dismiss the lives of those who have been born as well. Lives become dispensable.

HB-576-HD-2

Submitted on: 3/1/2021 1:00:29 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Craig Dansie	Individual	Oppose	No

Comments:

Vote NO on HB576.

HB-576-HD-2

Submitted on: 3/1/2021 1:05:17 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Michal Hamid	Individual	Support	No

Comments:

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Sarah Michal Hamid and I am writing today in support for HB 576.

Abortion is vital healthcare, and deserves to be treated as such in the state of Hawai'i. But unfortunately, 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. During the COVID-19 pandemic this sexist reality has only worsened, with travel restrictions and limited physicians in rural communities. 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. This desmonstrates how COVID-19 policies in the state have largely been "gender blind", thus ignoring the specific and realistic services that women and non-men need in Hawai'i. Forcing patients to travel during the pandemic in order to recieve vital healthcare is absolutely abhorrent. Travel is not only financially feasible but for those facing intimate partner violence, caregiving responsabilites and work travel to another island may be downright impossible.

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. I support HB 576 because I know that abortion is healthcare, and our health and wellbeing matters.

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

Sarah Michal Hamid

HB-576-HD-2

Submitted on: 3/1/2021 1:23:02 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Amanda Chang	Individual	Oppose	No

Comments:

In a State where we try to live and exemplify Aloha, lets not be known for devaluing life but for supporting all phases of human life including the womb. Let's create more opportunities to save the lives of these tiny men and women and the parents who may be struggling. Rather than exterminating, eliminating the precious lives of our islands lets protect!

HB-576-HD-2

Submitted on: 3/1/2021 1:23:54 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Cheryl Holliday	Individual	Oppose	No

Comments:

To Whom it May Concern,

I am writing knowing full well that given Hawaii's liberal stance on abortion, this bill will probably pass. I am compelled however, to write on behalf of all the unborn children who will die at the hands of someone who has sworn to uphold the value of life - the doctors, the nurses.

Our Country has suffered in its moral obligation to protect and defend the life of all of its citizens. We have failed to do so. We treat abortion as just another health care issue but it is clearly the killing of a human being, a soul, a future citizen. I am constantly horrified at the lack of compassion the medical community has on the unborn. When will it end for Hawaii? Will we eventually agree to after birth abortion as well? That in itself is pure murder of a child.

Where do we stop normalizing the procedure of abortion as "health care" and look at it for what it really is - "murder of a human life."

I was in Philadelphia in 1973 during the hearings to pass Roe v. Wade. Back then it was accepted only for the life of the Mother. Now it is becoming kill the baby for any reason and at any time.

I thought when I moved to Hawaii it meant coming to the Aloha Ohana Family. Boy, only in certain conditions it is true. In the case of killing innocent unborn children, there is no Aloha, there is no Ohana.

God will someday have His Justice performed on this most horrific abortion issue. The innocent blood of unborn children destroyed through abortion will flood the Country and maybe even the ocean we cherish.

Let's also not forget the families that decide to kill one of their own. I shudder to think of the effect the killing of a potential sister, or brother, has on the existing siblings. I don't even know what I would think if my own Mother were to give me birth and then later decide to kill my brother or sister in abortion.

Please accept this testimony as an individual who has lived in Hawaii since 2009.

Thank you kindly for your consideration. Please do not pass this bill.

Cheryl Holliday

87-1059 Oheohe St

Waianae, HI 96792

To: Hawaii State Legislature – Committee on Judiciary & Hawaiian Affairs
Hearing: Date/Time: Tuesday, 03-02-21 2:00 pm
Place: Hawaii State Capitol, Room 325
Re: Judith Ann Armstrong is in strong support of HB576 Equal Access Act

Aloha Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the Committee,

I am writing 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 income or where they live.

During a global pandemic, 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. Paying for transportation and lodging to access abortion care is costly 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 in-clinic abortion care.

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

APRNs and PAs can safely and effectively provide abortion care.

I strongly urge our legislators to support this important benefit change.

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

Sincerely,
Judith Ann Armstrong
JudithAnnArmstrong@gmail.com
Honolulu, HI 96815

HB-576-HD-2

Submitted on: 3/1/2021 1:39:23 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Christopher Edwards	Individual	Support	No

Comments:

Representative Mark Nakashima Chair

Representative Scot Matayoshi, Vice-Chair

House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Christopher Edwards. I am writing today in support of HB 576.

Access to safe and reliable healthcare providers of abortions is a critically important piece of the healthcare pie. Our residents need your support. Access to abortion services is not a universally accessible reality for our residents. Access can be closer than ever before. Please support HB 576.

Today there are not enough providers in our geographically and economically separated state. Opening up the opportunity for more trained providers is what we need to expand critical access to abortions for our citizenry.

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

Christopher Edwards

Honolulu, HI 96822

HB-576-HD-2

Submitted on: 3/1/2021 1:52:26 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mieko Aoki	Individual	Support	No

Comments:

HB576 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!

HB-576-HD-2

Submitted on: 3/1/2021 1:54:48 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Mahalo for allowing me the opportunity to testify in STRONG OPPOSITION to HB576-HD2.

TESTIMONY IN OPPOSITION TO HB 576 HD 2

Submitted by: Wilma Youtz

Date: 3/1/21

Dear Chair Nakashima, Vice Chair Matayoshi, and Members of the House Committee on Judiciary and Hawaiian Affairs:

That HB 576 continues to make its way through the Legislature, passing through Committee after Committee, is astounding. At issue is the right to abortion at the hands of “qualified licensed health care providers.” Have we become so jaded and numb to the killing of unborn human beings that this bill now seeks to reduce the medical qualifications needed to perform abortions, making this crime against humanity even more widespread? It is such a paradox that the most intelligent creatures on earth are the only ones that willfully and purposely kill their unborn. I challenge each of you to name one species other than homo sapiens that methodically and relentlessly try to justify and make a way to destroy their offspring. Making the procedure more accessible, less costly, and able to be performed by even more individuals in the medical community skirts the real issue at hand. It is the height of deception and denial. It promulgates a false premise: that abortion of any kind, performed by any means and by any licensed provider, is acceptable and routine when in fact it is a barbaric crime against humanity.

I ask each member on this Committee to consider that you once were in your mother’s womb, defenseless but safe, because your mother chose life for you. As was your mother, your father, your siblings, your own children in each of his or her mother’s womb. Abortions destroy human lives – not only those that have yet to take their first breath, but the women whose lives are lost or destroyed from having had abortions. This is a health issue, indeed. Physical health as well as mental and emotional health. The ugly truth is that women do die from having abortions. Each woman that survives an abortion “dies a thousand deaths,” having to live each day with the guilt of having ended the life of her unborn child.

During this unprecedented and challenging pandemic, when extraordinary measures are being taken to rid our lives of the scourge of COVID-19, HB576 will lead to even more loss of life. Have we not seen enough suffering and death? Isn’t it ironic that we decry the virulence of, suffering, death, and economic devastation caused by COVID-19, and yet HB576 so easily promotes more death through abortion. This should not be “business as usual” where committee members blithely cast their “aye” or “nay” with hardly a thought. Consider what HB576 HD 2 promotes and what the underlying premise is. It is your duty. The lives of countless human lives are at stake, more than have been lost to COVID-19 in Hawaii.

I leave you with the timeless words of Psalm 139:16 that speak of God, the only one who has the right to give or take life:

“Your eyes saw my substance, being yet unformed.
And in Your book they all were written,
The days fashioned for me,
When as yet, there were none of them.”

I believe every heart knows this eternal truth, if it has not been seared and deadened by the popular, but morally bankrupt, narrative of the day.

Thank you for your consideration.

HB-576-HD-2

Submitted on: 3/1/2021 2:07:17 PM

Testimony for JHA on 3/2/2021 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 (including physician assistants) 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.

HB-576-HD-2

Submitted on: 3/1/2021 2:13:26 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Julie Rivers	Individual	Support	No

Comments:

Aloha,

I am writing in continued support of this bill - I submitted testimony on an earlier version as well. This bill is a crucial step to improve the availability of qualified health professionals in the most rural parts of Hawai'i. HB 576 could change lives — but I stand with Planned Parenthood in advocating for housekeeping amendments to make sure this bill works.

Specifically, we are requesting that the House Judiciary and Hawaiian Affairs Committee adopt consistent language and change the effective date so patients can immediately access care. Without these changes, HB 576 is a well-intentioned but flawed bill.

Please pass an amended version of HB 576 that makes these important changes.

Mahalo for your consideration.

Julie Rivers, Honolulu 96816

HB-576-HD-2

Submitted on: 3/1/2021 3:13:35 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan M. Slavish	Individual	Oppose	No

Comments:

RE: HB 576 HD2

I am strongly opposed to this legislation.

Susan M. Slavish

HB-576-HD-2

Submitted on: 3/1/2021 3:50:53 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Please oppose this measure. While there's certainly no disagreement that, with proper training, APRNs are capable of performing abortions it does not necessarily mean that they should.

With regard to pregnancy, the tradition in nursing has always been and continues to be one of care and concern for both the mother and the unborn child. Please uphold the integrity of the nursing profession and vote no on this bill.

HB-576-HD-2

Submitted on: 3/1/2021 4:07:10 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Quinn	Individual	Support	No

Comments:

Dear Honorable Committee Members,

Please support hb576.

Thank you,

Andrea Quinn

HB-576-HD-2

Submitted on: 3/1/2021 4:43:09 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
LeighAnn Frattarelli, MD, MPH	Individual	Support	No

Comments:

March 1, 2021

To: House Committee on Judiciary & Hawaiian Affairs

i strongly support HB 576 for the health and well being of the women of Hawaii and the families they care for.

Hawaii is a leader in Women's Health in so many ways, including access to health care, Unfortunately, we fall far short in providing access to abortion to our neighbor patients No woman should have to leave their family and fly to Oahu to exercise their right to choose.

Nurse practitioners, especially those outer island, could help to alleviate this burden.

Sincerely,

LeighAnn Frattarelli, MD, MPH

HB-576-HD-2

Submitted on: 3/1/2021 5:58:47 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Vera Zambonelli	Individual	Support	No

Comments:

I support this bill because no one should be denied access to healthcare in direct as well indirect ways. To improve equal access to abortion care, the legislature should allow other qualified and licensed providers like advanced practice registered nurses to provide abortion care.

HB-576-HD-2

Submitted on: 3/1/2021 6:09:29 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Rodwell	Individual	Support	No

Comments:

I thoroughly support this Bill.

HB-576-HD-2

Submitted on: 3/1/2021 6:13:45 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nikki-Ann Yee	Individual	Support	No

Comments:

I am writing today in support for HB 576. 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. 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,

Representative Mark Nakashima, Chair
Representative Scot Matayoshi, Vice Chair
House Committee on Judiciary and Hawaiian Affairs

Tuesday, March 2nd, 2021
Hawaii State Capitol via Video Conference

In support of H.B. 576, HD2, Relating to health care.

Dear Chair Nakashima, Vice Chair Matayoshi, 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, HD2, 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-2

Submitted on: 3/1/2021 7:35:59 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Arielle Adenew	Individual	Oppose	No

Comments:

My deep concern is the safety of the woman. With an aspiration abortion, there is always the possibility of a medical emergency (cervical laceration, uterine perforation, bowel perforation, and severe hemorrhaging). Are the APRNs sufficiently trained to handle these complications? We all appreciate convenience, but we definitely don't want to give up safety for convenience's sake.

HB-576-HD-2

Submitted on: 3/1/2021 8:19:45 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Dear Legislators,

My family, friends and I STRONGLY OPPOSE this horrible bill. This onslaught is not just on human life from conception but also bringing lifetime regrets/ guilt for mothers even if not realized at the time of killing and the one performing it also no doubt experiencing long term trauma effects on their conscience.

I opposed to have more people being given authority to perform abortions. More people who can perform abortions means more abortions that will bless no one, and no land.

Vote No, please. This bill has nothing to do with health care.

Thank you

HB-576-HD-2

Submitted on: 3/1/2021 8:30:17 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Gary Ngo	Individual	Oppose	No

Comments:

Aloha,

Bill HB 576 is unacceptable! Please, don't encourage more killing, more immortality, and more irresponsible behavior. Vote No to have clean conscience as we all will need to give account for every word and action.

I strongly OPPOSE this bill.

Mahalo and God Bless

HB-576-HD-2

Submitted on: 3/1/2021 8:30:49 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Dear Chair Nakashima, Vice Chair Matayoshi and members of the committee,

Thank you for the opportunity to testify in strong support of HB576 SD2, with some amendments recommended.

As a licensed APRN in the State of Hawaii I strongly support legislation that ensures we can practice to our fullest scope. This will ensure our community has equitable access to health care. I also support ensuring that our scope of practice remains under the Board of Nursing.

My recommended amendments are to strike all language within Chapter 453-16 except for letter C and if desired, this language may be duplicated in Chapter 457. If we simply commit to not interfering with this right, then this procedure and sometimes surgical operation will fall under the scope of both the physician and APRN as all other procedures and operations are governed. This procedure (aspiration abortion) and surgical operation do not require additional rules above and beyond what the Board of Nursing and Hawaii Medical Board already oversee.

Proposed revised Chapter 453-16 (a)

The State shall not deny or interfere with a person'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 pregnant person.

Respectfully,

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

HB-576-HD-2

Submitted on: 3/1/2021 9:59:10 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Hawaii is the Aloha State. Aloha is written into our constitution. Aloha is a spirit of respecting and affirming life. It is contrary to the spirit and nature of Hawaii to find more ways to kill our children. Please do not do this. Abortion is murder. It is not health care for the child. It is not health care for the mother or the father. Abortion is totally offensive to the God who creates and loves each person He creates. It is worse than what the Nazis did to the Jews. These innocent children have no voice and no opportunity to make the contribution to Hawaii that God has in mind for them. We diminish ourselves morally and spiritually when we sacrifice our children to our short term self centered purposes and those who encourage or support laws to enable such destruction are also accountable for the killing of the children and the destructive effect it has on their parents and on generations yet to come. Please don't do this.

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

Representative Mark Nakashima Chair
Representative Scot Matayoshi, Vice-Chair
House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Anastasia, and I am writing today in strong support of HB 576 HD2.

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

Testimony opposing HB 576

Representative Mark Nakashima Chair

Representative Scot Matayoshi, Vice-Chair

House Committee on Judiciary and Hawaiian Affairs

Dear Chair Nakashima, Vice-Chair Matayoshi, and esteemed members of the committee,

My name is Kenvee Daniel and I am writing today because I **strongly oppose HB 576**.

As a 50 year old black woman, I have always believed that my body is a sanctuary to reproduce the seeds that are given me by a GOD I believe deeply in. Being able to help populate the earth and have a lineage to leave behind has significantly impacted my overall well-being.

As a researcher of Planned Parenthood's history and **the truth behind its agenda toward my African American race**, I do not support Planned Parenthood. The lies that are told by Planned Parenthood need to be stopped. The truth is needed and I stand for the truth. Abortion is murder, murder of an innocent life no matter what stage of pregnancy the woman is at. I stand to advocate for the voices that cannot speak for themselves (the unborn children).

The founder of Planned Parenthood, **Margaret Sanger** led in the birth control pill's development to prevent pregnancy, which was tested on Puerto Rican women without informed consent — this is considered unethical, and illegal. Puerto Rican women, unaware they were participating in an experimental clinical trial with hormone levels 20 times higher than birth control pills on the market today resulted in harmful side effects, such as dizziness, cramps, vomiting and even sterilization.

"The removal of Margaret Sanger's name from a building in New York is both a necessary and overdue step to reckon with her legacy and acknowledge Planned Parenthood's contributions to historical reproductive harm within communities of color," **Karen Seltzer, chair of the board at Planned Parenthood of Greater New York, said in a statement.** "**Margaret Sanger's concerns and advocacy for reproductive health have been clearly documented, but so too has her racist legacy.**" She was a professed vocal eugenics enthusiast, she lived an "inhumane life's work" **she "advocated for the extermination of African-Americans."** Ben Carson proclaimed that Sanger "believed that people like me should be eliminated" —later clarifying, **per PolitiFact**, that he was "talking about the black race"—and in 2011, Herman Cain **alleged** that Sanger's original goal for Planned Parenthood was to "help kill black babies before they came into the world."

Margaret Sanger very publicly, in a **1921 article**, she wrote that, "the most urgent problem today is how to limit and discourage the over-fertility of the mentally and physically defective." She was, of course, not alone in this viewpoint: In the 1920s and 1930s, eugenics enjoyed **widespread** support from mainstream doctors, scientists and the general public. Planned Parenthood officials are **quick to note** that, despite her thoughts on the idea in general, Sanger "uniformly denied the racist abuse of eugenics principles."

Planned Parenthood have **opposed legislation** that would protect infants born alive after failed abortions and tried to **derail an anti-human trafficking bill** because the legislation included a longstanding and

widely-supported policy against taxpayer funding of abortion (I do not agree to my taxes paying for abortions).

1. **Planned Parenthood stands accused of jeopardizing the health and safety of women and girls.**

They have been **accused** by pro-life advocacy groups of **abetting the sex trafficking** of minor girls and at least four affiliates have been similarly accused of **neglecting** the health and safety of patients.

2. **Women can receive wider range of care at other centers.** In addition to **roughly 1,200 federally qualified health clinics** there are over 2,000 pregnancy centers that provide **medical testing, prenatal care, ultrasounds and child-birth classes**, among other services to women facing pregnancies.

Policymakers looking to put limited taxpayer funds to more efficient and effective use should redirect those dollars to centers and clinics that can provide more comprehensive care for women and which don't provide abortions.

I cannot fight for the right to have "reproductive health care" a.k.a. abortion to be protected in the law, without the right for justifiable access in the law. A right without access is not a right at all and I **respectfully urge you to kill, stop, veto, and oppose HB 576 to ensure that there is lifesaving care for unborn babies.**

Thank you for the opportunity to testify in my strong opposition to HB576,

Kenvee Daniel

96744

HB-576-HD-2

Submitted on: 3/2/2021 12:23:56 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

In strong support of HB 576 HD2, in efforts to submit verbal testimony.

Mahalo nui for the opportunity to testify in support of this measure.

Alani Bagcal

96815

HB-576-HD-2

Submitted on: 3/2/2021 12:31:14 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Judy Taggerty-Onaga	Individual	Oppose	No

Comments:

Aloha, Abortion is not a Health issue. There has been too many Botched Abortions leaving women perminatley damaged. Too many have died during Abortions, too many having to go to the Emergency room during or after Abortions. How odd theses don't make front page news.

But to now have Abortions more avaiiable, being done by trained Nurses instead of a licenced Doctor is asking for trouble. Surprised the Hawaiian Commuinty would support this.

Abortion has become a form of Contraception not the original purpose as intended. It's out of control and dangerous. But we know it's very profitable and many are getting rich and more powerful by it.

Please be responsible and do what is right.

Mahalo, Judy Taggery-Onaga

HB-576-HD-2

Submitted on: 3/2/2021 1:54:22 PM

Testimony for JHA on 3/2/2021 2:00:00 PM

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

Comments:

Aloha!

Please do not pass HB576 HD2. Hawaii's women and children deserve the best in healthcare...abortion is not healthcare. This bill will lead to an increase in health risks and cause more harm to pregnant women (physically, emotionally, psychologically). Studies show that women suffer PTSD after having an abortion, and they grieve the loss of their children. Do not forget what abortion is.... abortion involves the brutal dismembering of a mother's unborn child in the womb. I strongly urge you to help keep Hawaii's women and their unborn children safe by opposing HB576 HD2.

Mahalo,

Lisa Shorba