

Testimony of the Board of Nursing

**Before the
House Committee on Health, Human Services & Homelessness
Friday, February 5, 2021
8:30 a.m.
Via Videoconference**

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

Chair Yamane 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 to the extent that it authorizes advanced practice registered nurses (APRNs) to perform certain abortions, and it also requests amendments. The Board defers to the Hawaii Medical Board regarding the scope of practice for licensed physician assistants.

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

The Board supports expanding the APRN scope of practice in this manner. APRNs are recognized as primary care providers who may practice independently based on their practice specialty, including women's health or as a certified nurse midwife. An APRN's education and training include, but are not limited to, a graduate-level degree in nursing and national certification that is specific to the APRN's practice specialty, in accordance with nationally recognized standards of practice.

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

The Board notes that amending Hawaii Revised Statutes (HRS) chapter 453 will necessitate amending HRS chapter 457 (Nurses), to avoid uncertainty about which chapter controls and to ensure effective implementation of the proposed law.

Therefore, the Board recommends:

- (1) Deleting all references to “advanced practice registered nurse” and “chapter 457” that this bill proposes to place in HRS chapter 453;
- (2) Adding the following section to HRS chapter 457:
"§457- Advanced practice registered nurses; abortions by medication or aspiration. Notwithstanding any other law to the contrary, an advanced practice registered nurse may perform an abortion by medication or aspiration in the first trimester of pregnancy, so long as the nurse:
 - (a) Has prescriptive authority;
 - (b) Practices within the nurse’s practice specialty;
 - (c) Completes a board-approved specified training program that includes a clinical component; and
 - (d) Has a valid, unrevoked, and unsuspended license obtained in accordance with this chapter."; and
- (3) Deleting page 5, lines 14 through 15 of the bill.

Thank you for the opportunity to testify on this bill.

Testimony of the Hawaii Medical Board

**Before the
House Committee on Health, Human Services & Homelessness
Friday, February 5, 2021
8:30 a.m.
Via Videoconference**

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

WRITTEN TESTIMONY ONLY

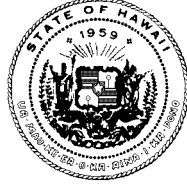
Chair Yamane and Members of the Committee:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical (Board). The Board offers comments on this bill.

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

The Board will review this bill at its next publicly noticed meeting on February 11, 2021. In the meantime, the Board's Legislative Committee notes that amending Hawaii Revised Statutes (HRS) chapter 453 to include advanced practice registered nurses, whose relevant statutory chapter is HRS chapter 457 (Nurses), may cause confusion about which chapter has jurisdiction over the practice of nursing. Consequently, the Board believes that the appropriate amendments should be made to HRS chapter 457, rather than HRS chapter 453.

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

Dear Chair Yamane, Vice Chair Tam, and Honorable Members,

The Hawai‘i State Commission on the Status of Women supports HB576, which authorizes licensed physician assistants and advanced practice registered nurses to perform certain abortions.

The government should not continue to create 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 politically conservative states in restricting qualified, licensed clinicians from performing abortions. Due to the physician-only abortion restriction under state law, the 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 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 ask that the Committee pass HB576.

Sincerely,
Khara Jabola-Carolus



**Written Testimony Presented Before the
COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS**

DATE: Friday, February 5, 2021

TIME: 8:30AM

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

Chair Yamane, Vice Chair Tam, and members of the House Committee on Health, Human Services, & Homelessness, thank you for the opportunity for the Hawai'i State Center for Nursing to provide Comments on Section 4 as it relates to Section 457-2.7 of the Hawai'i Revised Statutes. This bill, if enacted, authorizes advanced practice registered nurses (APRNs) to perform aspiration abortions.

The number of Advanced Practice Registered Nurses, 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, 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 and 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 enable 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 guidance on an APRN's scope of practice. In accordance with their license, accreditation,

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.

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.

As it relates to abortion services, research indicates that education models exist to develop APRNs into expert providers of abortion care services. (McLemore et al., 2015). Skill development is standard practice and a requisite within APRN education and practice (Lausten, 2013; McMullen & Howie, 2020). Further, research indicates that abortion care exists in graduate level nursing education that includes both didactic and clinical education. (Advanced Provider Clinician Toolkit on Providing Abortion Care, n.d.). It is also commonplace to conduct trainings within the workplace or through professional development events like conferences and workshops so that clinicians may engage in lifelong learning related to their clinical practice.

Health care organizations and employers have a legal requirement and longstanding professional protocols to ensure proper education, training, and skill competencies are met prior to allowing providers, including APRNs, to perform procedures on patients. This process to ensure competency is called “Credentialing and Privileging”. According to McMullen & Howie (2020), “credentialing is a formalized process that incorporates established guidelines to confirm that a health care provider possesses sufficient qualifications, licensure, training, and abilities to practice at a nationally approved standard of care. Privileging is a process that authorizes a provider to perform a specific set of care services that the agency determines the provider is qualified to perform.”

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, demonstrate education, training, and competency prior to performing any skill or procedure on a person during patient care.

Thank you for the opportunity to provide written comments related to this measure.

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

HB-576

Submitted on: 2/3/2021 10:55:16 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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, which would authorize licensed physician assistants and advanced practice registered nurses to perform certain abortions. Hawaii's outdated law restricts the provision of early in-clinic abortion care to physicians. The limited availability of abortion physicians leads to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.

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

Younghee Overly, Public Policy Chair of AAUW of Hawaii

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



Hearing: Committee on Health Human, Services, & Homelessness

Date: Friday, February 8, 2021

To: Chair, Rep. Ryan I. Yamane
Vice Chair, Rep. Adrian Tam
Members of the Committee on Health, Human Services
& Homelessness

From: Janet Hochberg, Executive Director, Hawaii Life Alliance

RE: HB576 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 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 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! 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.

Mahalo for allowing me the opportunity to testify in strong OPPOSITION to HB576.



Hawaii Women's Coalition

To: Hawai'i State House Health, Human Services, and Homelessness Committee
Hearing Date/Time: Friday, Feb. 5, 2021, 8:30 am
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony of Hawai'i Women's Coalition in strong support of HB 576, the Equal Access Act

Dear Chair Yamane and Members of the Committee,

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

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

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

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

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

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

Qualified licensed providers can safely provide abortion care.

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

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

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

Sincerely,

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

HB-576

Submitted on: 2/3/2021 5:27:37 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Offley	Hua Moon Women's Health LLC	Support	No

Comments:

It is unnecessarily difficult and burdensome for women on Kauai to access safe legal pregnancy termination. Traveling to Oahu creates logistical financial emotional and time constraint burdens that are overwhelming. Covid has only amplified all of these challenges, which disproportionately impact women of color and Economically disadvantaged women. As Certified nurse midwives in the state of Hawaii we are able to attend births, and perform many healthcare procedures. There is no medical reason why we couldn't perform pregnancy termination. If providers such as physicians assistants And advanced practice registered nurses in Hawaii could perform abortions it would improve access to care for women in our state residing in rural areas.



Date: February 4, 2021

To: House Committee on Health, Human Services, & Homelessness Chair Yamane, Vice Chair Tam and committee members

From: Amy Monk, Co-Chair, Democratic Women's Caucus Co-Chair

Subject: Support for HB 576 Relating the Healthcare

Thank you for allowing this testimony in support of HB576.

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

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

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

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

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

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

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

Me ke aloha pumehana,

Hawai'i State Democratic Women's Caucus

* 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>; National Academies of Sciences, Engineering, & Medicine, The Safety and Quality of Abortion Care in the United States 102-103 (2018), <http://www.nationalacademies.org/hmd/Reports/2018/the-safety-and-quality-of-abortion-care-in-the-united-states.aspx> ii See National Academies of Sciences, Engineering, & Medicine, The Safety and Quality of Abortion Care in the United States 102-103 (2018), <http://www.nationalacademies.org/hmd/Reports/2018/the-safety-and-quality-of-abortion-care-in-the-united-states.aspx>. Other organizations that endorse this view include the American Public Health Association, the American Academy of Physician Assistants, the National Abortion Federation, the American College of Nurse-Midwives, the American Medical Women's Association, the Association of Physician Assistants in Obstetrics and Gynecology, the International Confederation of Midwives, the National Association of Nurse Practitioners in Women's Health, and Physicians for Reproductive Choice and Health. iii See Lovett, Ian, California Expands Availability of Abortion, New York Times. Retrieved 7



Submitted Online: February 3, 2021

Hearing: Friday, February 5, 2021

TO: [COMMITTEE ON HEALTH, HUMAN SERVICES & HOMELESSNESS](#)
Rep. Ryan Yamane, Chair
Rep. Adrian Tam, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to HB576 Relating to Healthcare

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. 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 which authorizes licensed physician assistants and advance practice registered nurses to perform certain abortions.

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

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

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

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

Mahalo for the opportunity to submit testimony.

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

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



Planned Parenthood Votes Northwest and Hawai'i

To: Hawai'i State House Health, Human Services, and Homelessness Committee
Hearing Date/Time: Friday, Feb. 5, 2021, 8:30 am
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony of Planned Parenthood Votes Northwest and Hawai'i in strong support of HB 576, the Equal Access Act

Dear Chair Yamane and Members of the Committee,

Planned Parenthood Votes Northwest and Hawai'i ("PPVNH") writes in strong support of HB 576, which seeks to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

As a Public Health major, I've been keeping up to date with the COVID-19 pandemic and how it has brought into focus the barriers patients and providers face in accessing and providing abortion care. No patient should ever be forced to travel by air 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 unnecessarily costly for patients, providers, and the state, not to mention dangerous to public health during the pandemic. To reduce costs and ensure patients can safely access health care in their own communities qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early in-clinic abortion care.

Limited access to abortion care 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 only to physicians. This burdensome and medically unnecessary restriction limits the availability of abortion providers, leading to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care.

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

Being forced to travel, particularly by air or by boat, to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, people who live in rural communities, and young people. The outer 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 the systemic racism public health crisis. The physician-only restriction perpetuates this inequitable system by disproportionately forcing Indigenous communities and communities of color to

travel for care and shoulder the burden of Hawai‘i’s abortion provider shortage. Moreover, COVID-19 has worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, at times impossible, expensive, and risky to viral spread.

APRNs and PAs can safely and effectively provide abortion care

Numerous studies have found no difference in abortion safety when performed by qualified licensed providers – such as APRNs and PAs – rather than a physician.¹ For example, a multi-year study conducted by the University of California San Francisco’s Bixby Center for Global Reproductive Health evaluated nurse practitioners, certified nurse midwives, and physician assistants providing early in-clinic abortion care. Over the five-year study, almost 8,000 patients received care from a qualified licensed provider, and the study found comparable rates of safety, effectiveness, and acceptability when compared to care from a physician.² 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.³

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.⁴ Additionally, in a 2018 review, the National Academies of Sciences, Engineering, and Medicine concluded that qualified licensed providers are equally capable of providing safe and effective abortion care as physicians.⁵ Experts agree: restricting qualified providers from providing abortion care confers no medical benefit and instead harms patients by limiting access to care.⁶

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.⁷ Hawai‘i has already seen the benefit of allowing qualified licensed providers perform a wide

¹ 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>.

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⁷ 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

range of health care services, with both APRNs' and PAs' roles expanding dramatically in Hawai'i. Hawai'i has consistently expanded what services APRNs and PAs can provide. For example, between 2009 and 2018, Hawai'i's legislature passed 22 laws improving the scope of practice for APRNs.⁸ Similarly, the legislature last year recognized that PAs can effectively perform their extensive duties with reduced supervision.⁹ 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.¹⁰

APRNs and PAs in Hawai'i also already provide a wide range of reproductive health services. For example, APRNs can prescribe medication abortion and they provide many procedures that are similar to or more complicated than abortion, such as intrauterine device (IUD) insertion and endometrial biopsy.¹¹ 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 and PAs to provide early in-clinic abortion would help people receive highly personal care from a provider they know and trust.

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

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

A growing number of states recognize that qualified licensed providers can safely and effectively provide abortion and have are increasingly allowing these providers to provide both medication and in-clinic abortion care. States across the country – including California, Colorado, Illinois, Maine, Montana, New

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⁸ 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>

⁹ Relating to Health, S.B. 1406, S.D. 1, H.D. 2, Thirtieth Legislature (2019), https://www.capitol.hawaii.gov/session2019/bills/SB1406_HD2_.pdf

¹⁰ 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>

¹¹ 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>

Hampshire, New York, Oregon, Vermont, Virginia, and Washington – allow certain qualified licensed providers to provide early in-clinic abortion care.¹² 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.”¹³

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

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

Sincerely,

Lanelle Hogan
lhogan1@my.hpu.edu
96813

¹² See Lovett, Ian, California Expands Availability of Abortion, *New York Times*. Retrieved 7 November 2019. <https://www.nytimes.com/2013/10/10/us/california-expands-availability-of-abortions.html> (listing VT, NH, OR, and MT as states preceding California in allowing qualified licensed providers to provide in-clinic abortions); Gomez, Amanda, Maine governor signs bill to increase number of abortion providers. *Think Progress*. Retrieved 7 November 2019. <https://thinkprogress.org/maine-law-increases-number-abortion-providers-nurse-practitioners-2beb546dabb1/>; Washington State Office of the Attorney General. *Authority of Advanced Registered Nurse Practitioners and Physician Assistants to Perform Pre-Viability Aspiration Abortions (AGO 2019 No. 1 – Feb. 1, 2019)*. Retrieved 7 November 2019, from <https://www.atg.wa.gov/ago-opinions/authority-advanced-registered-nurse-practitioners-and-physician-assistants-perform-pre>; National Partnership for Women and Families. *Reproductive Health Wins of 2019* (2019) (p. 2). Retrieved 7 November 2019, from <http://www.nationalpartnership.org/our-work/resources/repro/reproductive-health-wins-of.pdf>; Kate Coleman-Minahan et al., *Interest in Medication and Aspiration Abortion Training among Colorado Nurse Practitioners, Nurse Midwives, and Physician Assistants*. *Women’s Health Issues* 30:3. Retrieved 21 January 2021, from [https://www.whjournal.com/article/S1049-3867\(20\)30006-2/pdf](https://www.whjournal.com/article/S1049-3867(20)30006-2/pdf); N.Y. Pub. Health L. § 2599-bb; Va. Code Ann. § 18.2-72.

¹³ 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>

HB-576

Submitted on: 2/3/2021 8:14:15 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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 fully supports HB 576.

Mahalo,

Michael Golojuch, Jr.

Chair

LGBT Caucus of the Democratic Party of Hawai'i



Date Submitted: February 3, 2021

Hearing Date: Friday, February 5, 2021
8:30am, Conference Room 329

To: Committee on Health, Human Services & Homelessness
Rep. Ryan I. Yamane, Chair
Rep. Adrian K. Tam, Vice Chair

From: Stacey Jimenez, Executive Director

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

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

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

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

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

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

Protect the women of Hawaii. Please vote NO on HB 576.

**Written Testimony Presented Before the
House Committee on Health, Human Services, and Homelessness**

**Hearing: February 5, 2021, 8:30 AM
Via Videoconference**

By Hawai‘i – American Nurses Association (Hawaii-ANA)



HB576 - RELATING TO HEALTH

Chair Ryan I. Yamane, Vice Chair Adrian K. Tam, and members of the House Committee on Health, Human Services, and Homelessness, thank you for this opportunity to provide testimony **in support of HB576.**

This measure authorizes Advanced Practice Registered Nurses (APRNs) to independently provide medication or aspiration abortions, recognizing the safe and effective care provided by APRNs within the appropriate specialized scope of practice. APRNs are 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. This measure affirms the APRN’s professional responsibility to practice within the scope afforded by these national standards and current Hawai‘i statutes.

Hawai‘i-ANA agrees with the Hawai‘i Board of Nursing’s on-going support for recognizing the broad scope of practice underpinned by education, clinical training, and experience, afforded to APRNs within each specialty recognized in Chapter 453, Hawaii Revised Statutes.

This measure also improves on equitable access to care for neighbor island women who are currently under-served by qualified licensed health care providers. Allowing residents to stay in their own communities to receive high quality care with fewer financial and logistical barriers is a significant benefit of this measure.

Hawai‘i-ANA respectfully requests that HB576 be passed through this committee. Thank you for your continued support for measures that address the need for improving access to safe and effective healthcare provided by all primary healthcare providers in communities throughout Hawai‘i.

Contact information for Hawai‘i – American Nurses Association

President: Katie Kemp, BAN, RN-BC
Executive Director Dr. Linda Beechinor, APRN-Rx, FNP-BC

president@hawaii-ana.org
executivedirector@hawaii-ana.org

phone (808) 779-3001
500 Lunalilo Home Road, #27-E
Honolulu Hawai‘i USA 96825



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

TO: House Committee on Health, Human Services and Homelessness
Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair

DATE: Friday, February 5, 2021

FROM: Hawai'i Section, ACOG
Dr. Reni Soon, MD, MPH, FACOG, Chair
Dr. Paris Stowers, MD, Junior Fellow Chair
Lauren Zirbel, Community and Government Relations

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

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

- As the majority of aspiration abortions take place in the first trimester, this bill has the potential to 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 expanding the scope of APRNs and PAs to allow them to provide abortions, fewer patients may need to travel for care.

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

After a successful multi-year pilot program, California passed a similar law, expanding first-trimester aspiration abortion provision to APRNs, PAs, and certified nurse midwives.³ This expansion of the provider pool for aspiration abortions is supported by the American College of Obstetricians and Gynecologists nationally.⁴ HI ACOG hopes this data supports our own evidence-based legislation to expand timely access to safe abortion services in Hawai'i.

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

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

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

³ California Business and Professions Code § 2725.4

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

HB-576

Submitted on: 2/4/2021 8:01:24 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Smith-Johnson	Healthy Mothers Healthy Babies	Support	No

Comments:



Planned Parenthood Votes Northwest and Hawai'i

To: Hawai'i State House Health, Human Services, and Homelessness Committee
Hearing Date/Time: Friday, Feb. 5, 2021, 8:30 am
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony of Planned Parenthood Votes Northwest and Hawai'i in strong support of HB 576, the Equal Access Act

Dear Chair Yamane and Members of the Committee,

Planned Parenthood Votes Northwest and Hawai'i ("PPVNH") writes in strong support of HB 576, which seeks to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

Planned Parenthood Votes Northwest and Hawaii would also like to submit testimony on behalf of 119 individuals who signed a petition in support of HB 576 (see p. 5-8).

The COVID-19 pandemic has brought into focus the barriers patients and providers face in accessing and providing abortion care. No patient should ever be forced to travel by air 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 unnecessarily costly for patients, providers, and the state, not to mention dangerous to public health during the pandemic. To reduce costs and ensure patients can safely access health care in their own communities qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early in-clinic abortion care.

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

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

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

Being forced to travel, particularly by air or by boat, to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, people who live in rural communities, and young people. The outer 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 the systemic racism public health crisis. The physician-only restriction perpetuates this inequitable system by disproportionately forcing Indigenous communities and communities of color to travel for care and shoulder the burden of Hawai‘i’s abortion provider shortage. Moreover, COVID-19 has worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, at times impossible, expensive, and risky to viral spread.

APRNs and PAs can safely and effectively provide abortion care

Numerous studies have found no difference in abortion safety when performed by qualified licensed providers – such as APRNs and PAs – rather than a physician.¹ For example, a multi-year study conducted by the University of California San Francisco’s Bixby Center for Global Reproductive Health evaluated nurse practitioners, certified nurse midwives, and physician assistants providing early in-clinic abortion care. Over the five-year study, almost 8,000 patients received care from a qualified licensed provider, and the study found comparable rates of safety, effectiveness, and acceptability when compared to care from a physician.² 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.³

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.⁴ Additionally, in a 2018 review, the National Academies of Sciences, Engineering, and Medicine concluded that qualified licensed providers are equally capable of providing safe and effective abortion care as physicians.⁵ Experts agree: restricting qualified providers from providing abortion care confers no medical benefit and instead harms patients by limiting access to care.⁶

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range of health care services, with both APRNs' and PAs' roles expanding dramatically in Hawai'i. Hawai'i has consistently expanded what services APRNs and PAs can provide. For example, between 2009 and 2018, Hawai'i's legislature passed 22 laws improving the scope of practice for APRNs.⁸ Similarly, the legislature last year recognized that PAs can effectively perform their extensive duties with reduced supervision.⁹ 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.¹⁰

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

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

A growing number of states recognize that qualified licensed providers can safely and effectively provide abortion and have are increasingly allowing these providers to provide both medication and in-clinic abortion care. States across the country – including California, Colorado, Illinois, Maine, Montana, New

provide routine or preventive care. Kristen Consillio, *Health Care Shortage Leaves Hawaii Hurting* (August 30, 2019), <https://www.staradvertiser.com/2019/08/30/hawaii-news/health-care-shortage-leaves-hawaii-hurting/>

⁸ 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>

⁹ Relating to Health, S.B. 1406, S.D. 1, H.D. 2, Thirtieth Legislature (2019), https://www.capitol.hawaii.gov/session2019/bills/SB1406_HD2_.pdf

¹⁰ 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](http://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>

¹¹ 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>

Hampshire, New York, Oregon, Vermont, Virginia, and Washington – allow certain qualified licensed providers to provide early in-clinic abortion care.¹² 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.”¹³

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

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

Sincerely,

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

¹² 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.

¹³ 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>

Name	Date Submitted	Home Zip/Postal
V, D	2/3/2021	96737
Walsh, Maddy	2/3/2021	96712
AKANA, TERRY S.	2/3/2021	96707
Christoff, Nat	2/3/2021	96706
soares, colleen	2/3/2021	96744
Borg, Lars U	2/3/2021	96741
Hay, Nancy Beth	2/3/2021	96753
Bagcal, Alani	2/3/2021	96813
Mazzanti, Martin	2/3/2021	96740
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Galdo, Chantel	2/3/2021	96826
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Bernaert, Ruthie S	2/3/2021	96727
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Callahan, Sabrina Ahulani	2/4/2021	96714
Lancaster, Rachel	2/4/2021	96755
Bagcal, Rene	2/4/2021	6074
De Coligny, Ashley C	2/4/2021	96744

Jones, Ashley L

2/4/2021

96754



Hawai'i

Committee: Committee on Health, Human Services, & Homelessness
Hearing Date/Time: Friday, February 5, 2021, 8:30AM.
Place: Via videoconference
Re: Testimony of the ACLU of Hawai'i in Support of H.B. 576, Relating to Health Care

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee on Health, Human Services, & Homelessness:

The American Civil Liberties Union of Hawai'i ("ACLU of Hawai'i") writes **in support of HB 576**, 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. Currently, people on Kauai, Molokai, Lanai, and the West side of Hawai'i do not have access to

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

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

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

a local provider, forcing many to fly to another island to seek care. In addition to incurring the high cost of interisland travel, a person may also need to take time off from work, arrange childcare, and book lodging just to see their provider. In 2018, more than ten percent of Planned Parenthood's abortion patients in Hawai'i had to travel between islands to obtain care. COVID-19 has worsened these financial and logistical barriers to care, and has made travel to access abortion care more difficult, expensive, and dangerous given the potential for COVID-19 exposure. Moreover, all of these harms have a disproportionate impact on individuals who already face systemic barriers to care, Black, Indigenous, and people 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 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 *Wadsworth Women's Health Center v. Hamilton*, No. Cum-17-494, Appellants Br. (Me. Supreme Judicial Ct. Feb. 2, 2018); 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>.

Chair Yamane, Vice Chair Tam, and Committee Members
February 5, 2021
Page 3 of 3

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

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

Sincerely,

Wookie Kim
Legal Director
ACLU of Hawai'i

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

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



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

TO: House Committee on Health, Human Services, & Homelessness
Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair

DATE: Friday, February 5, 2021, 8:30 AM

PLACE: Hawaii State Capitol, Conference Room 329

FROM: Maternal and Infant Health Collaborative

Re: HB 576 – Relating to Health Care
Position: STRONG SUPPORT

Dear Chair Yamane, Vice Chair Tam, 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}

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

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

Thank you for the opportunity to testify.

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

²Moayedi 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.

LATE

HB-576

Submitted on: 2/4/2021 9:47:37 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Donna P. Van Osdol	Hawaii Federation of Republican Women	Oppose	No

Comments:

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

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

LATE

HB-576

Submitted on: 2/4/2021 2:35:03 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
nanci kreidman	domestic violence action center	Support	No

Comments:

Aloha,

we are looking forward to favorable action on this Measure. it is abundantly clear to us at the Domestic Violence Action Center, that sexual assaults of adults and young women have increased during the pandemic stay at home directives. Some of these sexual assaults will inevitably result in unwanted pregnancies. it is imperative to have sufficient healthcare available for those victimized and deserving of the right to make their own decisions about their bodies and their lives.

please accept our gratitude.

love, nanci kreidman

February 5, 2021

Re: Hawaii HB 576, Hearing in the House Committee on Health, Human Services, and Homelessness

Chair Yamane, Vice-Chair Tam, and Members of the Committee:

My name is Katie Glenn, and I serve as Government Affairs Counsel of Americans United for Life (AUL). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. Our vision at AUL is a nation where everyone is welcomed in life and protected in law.

Thank you for the opportunity to testify in opposition to HB 576, a bill that would strip Hawaii women of one of the few existing health and safety protections they have left under state law and take Hawaii far outside the mainstream.

Abortion is an invasive surgical procedure that can lead to numerous and serious medical complications.

Abortion is a serious, life-altering procedure that can impact a woman's physiological, psychological, and spiritual wellbeing. Surgical abortion complications include: pain, bleeding, infection, post-anesthesia complications, uterine atony, hemorrhage, uterine perforation, injuries to adjacent organs (bladder or bowels), cervical laceration, failed abortion, septic abortion, and disseminated intravascular coagulation.¹ It can impact future fertility, lead to emotional or psychological distress, and in some cases, cause the woman's death.

Abortion complications resulting in emergency transfer require immediate and continuous complication management. They require a healthcare professional who is able to treat whatever complication has arisen quickly and competently. While an APRN may be able to perform an aspiration abortion where nothing goes wrong, Hawaii women shouldn't be left to fend for themselves—getting themselves to the hospital or doing their best to explain what's happening to their bodies to an ER doc—without a transfer of records or consultation from the person who did the abortion.

This is the very reason Hawaii currently requires an abortion be performed by a “licensed physician or surgeon, or by a licensed osteopathic physician and surgeon,”²

¹ Sajadi-Ernazarova KR, Martinez CL. Abortion Complications. [Updated 2020 Nov 18]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430793/>.

² Haw. Rev. Stat. Ann. §453-16(a)(1) (2008).

alongside 37 other states.³ When a woman walks through the doors to get an abortion, the healthcare professional is responsible for more than “just the abortion.”

He or she counsels the patient and makes sure that she is an appropriate candidate for the procedure, evaluates contraindications and independently verifies gestational age, that the pregnancy is not ectopic, and whether the patient is Rh-negative. The physician ensures that her vital signs are continuously taken during and after the procedure until she is eligible for discharge. And he or she is responsible if something goes wrong and she needs emergency care.

The physician-only statute is one of the last remaining regulations that protect women who choose to have an abortion in Hawaii.⁴ It aligns with the majority of states who require that abortions be done by physicians with the credentialing and competency to manage serious abortion complications. Hawaii should not pass a bill that will subject low-income, vulnerable women to substandard care. The Hawaii Legislature should oppose this extreme bill.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Katie Glenn', written in a cursive style.

Katie Glenn
Government Affairs Counsel
Americans United for Life

³ Aden, Steven H. *Defending Life 2020: Everyone Counts*, 45. Washington, D.C., Americans United for Life, 2019.

⁴ Hawaii ranked #46 out of 50 states in AUL’s 2021 Life List, ranking states from most to least protective, <https://aul.org/2020/12/16/americans-united-for-life-ranks-arkansas-most-pro-life-state-and-releases-life-list-2021/>.



To: Hawai'i State House Health, Human Services, and Homelessness Committee
Hearing Date/Time: Friday, Feb. 5, 2021, 8:30 am
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony of Hawai'i Academy of Physician Assistants in strong support of HB 576, the Equal Access Act

Dear Chair Yamane and Members of the Committee,

The Hawai'i Academy of Physician Assistants (HAPA) writes in strong support of HB 576, which seeks to ensure that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

The COVID-19 pandemic has brought into focus the barriers patients and providers face in accessing and providing abortion care. No patient should ever be forced to travel by air 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 unnecessarily costly for patients, providers, and the state, not to mention dangerous to public health during the pandemic. To reduce costs and ensure patients can safely access health care in their own communities qualified licensed providers – like advanced practice registered nurses (APRNs) and physician assistants (PAs) – should be allowed to provide early in-clinic abortion care.

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

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

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

Being forced to travel, particularly by air or by boat, to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, people who live in rural communities, and young people. The outer 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 the systemic racism public health crisis. The physician-only restriction perpetuates this inequitable system by disproportionately forcing Indigenous communities and communities of color to travel for care and shoulder the burden of Hawai'i's abortion provider



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

APRNs and PAs can safely and effectively provide abortion care

Numerous studies have found no difference in abortion safety when performed by qualified licensed providers – such as APRNs and PAs – rather than a physician.¹ For example, a multi-year study conducted by the University of California San Francisco's Bixby Center for Global Reproductive Health evaluated nurse practitioners, certified nurse midwives, and physician assistants providing early in-clinic abortion care. Over the five-year study, almost 8,000 patients received care from a qualified licensed provider, and the study found comparable rates of safety, effectiveness, and acceptability when compared to care from a physician.² 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.³

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.⁴ Additionally, in a 2018 review, the National Academies of Sciences, Engineering, and Medicine concluded that qualified licensed providers are equally capable of providing safe and effective abortion care as physicians.⁵

Experts agree that restricting qualified providers from providing abortion care confers no medical benefit and instead harms patients by limiting access to care.⁶

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.⁷ Hawai'i has already seen the benefit of allowing qualified licensed providers perform a

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

² Weitz, T. et al. (2013). Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. *American Journal of Public Health*, 103(3): 454-461. Retrieved 7 November 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673521/>.

³ 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>

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

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

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

⁷ Hawaii State Center for Nursing, 2019 Nursing Workforce Supply Report (2019). <https://www.hawaiiCENTERfornursing.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



wide range of health care services, with both APRNs' and PAs' roles expanding dramatically in Hawai'i. Hawai'i has consistently expanded what services APRNs and PAs can provide. For example, between 2009 and 2018, Hawai'i's legislature passed 22 laws improving the scope of practice for APRNs.⁸ Similarly, the legislature last year recognized that PAs can effectively perform their extensive duties with reduced supervision.⁹ PAs perform physical examinations, diagnose and treat illnesses, order and interpret lab tests, perform medical procedures, assist in surgery, and enhance health care coordination. In Hawai'i, PAs practice in primary care and in every medical and surgical subspecialty. Both APRNs and PAs may function as Primary Care Provider (PCP), managing chronic conditions like hypertension and diabetes and providing gynecologic care and family planning services.¹⁰

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 and PAs to provide early in-clinic abortion would help people receive highly personal care from a provider they know and trust.

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

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

A growing number of states recognize that qualified licensed providers can safely and effectively provide abortion and have are increasingly allowing these providers to provide both medication and in-clinic abortion care. States across the country – including California, Colorado, Illinois, Maine, Montana, New Hampshire, New York, Oregon, Vermont, Virginia, and Washington – allow certain qualified licensed providers to provide early in-clinic abortion care.¹¹ The governor of Maine, which recently passed legislation expanding qualified licensed providers' care, pointed out that allowing these providers to

remaining physicians are less able to provide routine or preventive care. Kristen Consillio, *Health Care Shortage Leaves Hawaii Hurting* (August 30, 2019),

<https://www.staradvertiser.com/2019/08/30/hawaii-news/health-care-shortage-leaves-hawaii-hurting/>

⁸ 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>

⁹ Relating to Health, S.B. 1406, S.D. 1, H.D. 2, Thirtieth Legislature (2019), https://www.capitol.hawaii.gov/session2019/bills/SB1406_HD2_.pdf

¹⁰ 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>

¹¹ 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-abortion.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-2019>; Kate Coleman-Minahan et al., *Interest in Medication and Aspiration Abortion Training among Colorado Nurse Practitioners, Nurse Midwives, and Physician Assistants*. *Women's Health Issues* 30:3. Retrieved 21 January 2021, from [https://www.whjournal.com/article/S1049-3867\(20\)30006-2/pdf](https://www.whjournal.com/article/S1049-3867(20)30006-2/pdf); N.Y. Pub. Health L. § 2599-bb; Va. Code Ann. § 18.2-72.



Hawai`i Academy of Physician Assistants

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.”¹²

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. The Hawai`i Academy of Physician Assistants strongly encourages lawmakers to lift the burdensome and medically unnecessary physician-only restriction to ensure people in Hawai`i can access abortion care with fewer financial and logistical barriers and stay in their respective communities to get care from trusted providers.

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

Sincerely,

Scott A. Denny, PA-C
President
Hawai`i Academy of Physician Assistants

¹² 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>

LATE

HB-576

Submitted on: 2/4/2021 11:57:02 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph P. Picon	40 Days for Life in Honolulu	Oppose	No

Comments:

My name is Joseph Picon, a registered voter in the State of Hawaii along with many like minded pro-life citizens who are part of 40 Days for Life in Honolulu.

I believe that life begins at conception and ends at natural death.

I opposes passage of HB576.

I opposes passage of all bills dealing with the 'scope of practice' of any health care professional which doesn't include language excluding abortion.

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.

I am 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 specifically because this bill would have them being treated by nonphysicians.

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 nonphysicians 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 treated and closely monitored by a licensed physician.

The National Abortion Federation has long had a strategy for increasing access to abortion by expanding the scope of practice of lower health care professionals.

A Professional Tool Kit for Nurse-Midwives, Nurse Practitioners and Physician Assistants was developed in 2009 as a guide for health care professionals who want to include abortion as being within their scope of practice.

This bill would not make abortion SAFE, LEGAL & RARE, it would make abortion DANGEROUS, Legal & PROLIFIC.

I strongly opposes passage of HB576.

HB-576

Submitted on: 2/2/2021 5:01:11 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Please support equal access to abortion. 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 right now.

HB-576

Submitted on: 2/3/2021 9:33:15 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homlessness

Dear Chair Yamane, Vice-Chair Tam, and esteemed 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

Submitted on: 2/3/2021 10:04:33 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Dear Chair Yamane, Vice-Chair Tam, 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 oppportunity to testify in support for this bill,

Sarah Michal Hamid

HB-576

Submitted on: 2/3/2021 10:15:42 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

As a resident of O‘ahu, I write in strong support of HB576. Women already have limited access to abortion considering there are very few clinics that offer abortion services. Authorizing licensed physician assistants and advanced practice registered nurses to perform certain abortions would help more women access important reproductive health care services.

Mahalo for your time and consideration to this important issue.

Colleen Rost-Banik
resident of Honolulu

HB-576

Submitted on: 2/3/2021 10:39:41 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nora E. Wolf	Individual	Support	No

Comments:

Dear Representatives,

Thank you for hearing my testimony concerning HB576. I am in support of this bill as I feel Advanced Practice Registered Nurses (APRNs) are in a unique position to assist individuals requesting this service. APRNs and nurses in general have earned a reputation for therapeutic listening and patient-centered care. No matter one's views on abortion, it can be a difficult, frightening, and distressing time for those individuals making this choice. Having a provider who will take the time to truly listen and provide education and follow-up care, including taking the time to explore options for prevention of future unwanted pregnancies, is drastically needed in Hawai'i. APRNs, appropriately and sufficiently trained in procedures, options, followup and management of emergent situations would provide a much needed resource to our community.

HB-576

Submitted on: 2/3/2021 11:20:33 AM

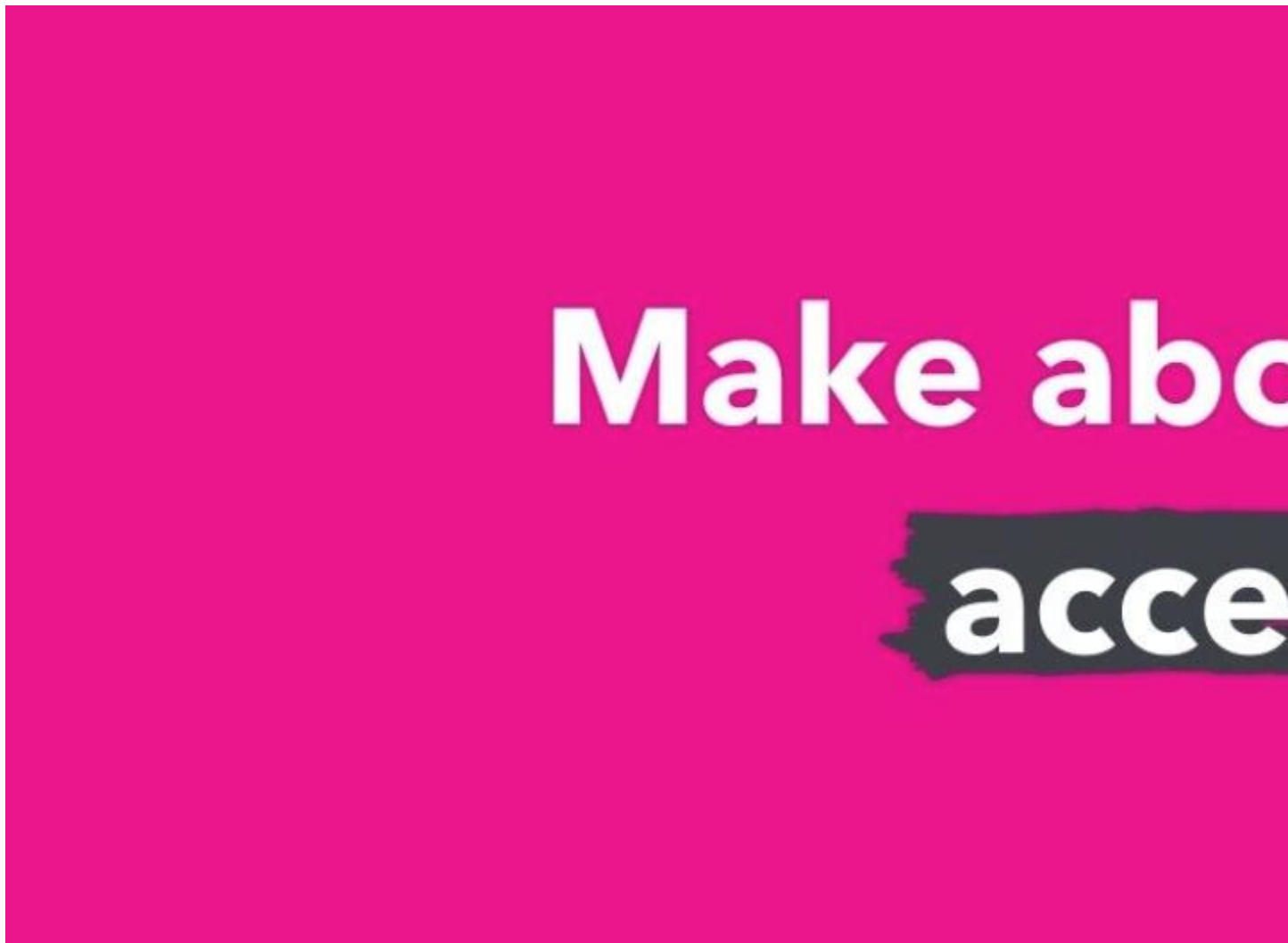
Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
wendy hudson	Individual	Support	No

Comments:

Wendy,

No one should ever have to travel by boat or by plane to access basic reproductive health care. And during a global pandemic, patients and health care providers are not forced to travel, let alone to another island, for reproductive health care.



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

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

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

Mahalo,

Wendy Hudson

HB-576

Submitted on: 2/3/2021 12:15:05 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chelsey Bryson	Individual	Support	No

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homelessness

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

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

As a 32 year old woman from California, 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.

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.

We need the right for equitable access in the law. 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,

Chelsey Bryson

cajbryson@gmail.com

96744

HB-576

Submitted on: 2/3/2021 1:15:39 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Dear Chair, Vice Chair and members of the committee:

I support HB576 and here is why you should, too.

I think overpopulation and unplanned/unwanted pregnancies, especially among teen girls, is a HUGE reason why we should support this bill.

Here is what I learned:

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

HB 576 would change that by ensuring that all people in Hawai'i have equal access to abortion care, no matter their income or where they live.

Legislators are listening. They heard you when you said people in Hawai'i need equal access to care, not less. **The Equal Access bill is scheduled for a hearing on Friday, February 5 at 8:30 a.m.**

Paying for transportation and lodging to access abortion care is costly for patients, providers, and the state, and travel itself is dangerous to public health. HB 576 is the way forward to ensuring equal access to our constitutionally protected right to abortion.

Let's make sure access to abortion is no longer a privilege for the few, but a right for us all," Laurie Field, Hawai'i State Director, Planned Parenthood Votes Northwest and Hawai'i.

Again, I think overpopulation and unplanned/unwanted pregnancies, especially among teen girls, is a HUGE reason why we should support this bill.

Mahalo!

HB-576

Submitted on: 2/3/2021 2:01:36 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Testimony for HB 576

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 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

To: Hawaii State House Committee on Health, Human Services, and Homelessness
Hearing Date/Time: Friday, February 5, 2021 (8:30 am)
Place: Hawaii State Capitol, Rm. 329
Re: Testimony in support of HB576 (relating to health care)

Aloha Representative Cedric Asuega Gates (Chair), Representative Adrian K. Tam (Vice Chair), and Committee Members,

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

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

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

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

Thank you for the opportunity to testify.

Sincerely

Susan J. Wurtzburg

Susan J. Wurtzburg Ph.D.

HB-576

Submitted on: 2/3/2021 3:22:23 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mae Yoro	Individual	Oppose	No

Comments:

Strongly oppose.

HB-576

Submitted on: 2/3/2021 3:47:42 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Xenia Owen	Individual	Support	No

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homelessness

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

My name is Xenia Owen and I am writing today in support for HB 576

I write to you in support of this bill because I am an advocate for reproductive rights. It is imperative that women have access to abortions. Women on outer-islands face greater obstacles in terms of access to abortion facilities. These obstacles manifest in the form of the need for traveling long distances-- opening the door to a multitude of potential issues. Issues such as delayed care, the need for emergency follow up care, strains on mental health, and higher expenses. In 2016, the decision of the Supreme Court of the United States in Whole Women's Health v. Hellerstedt upheld that increased driving distances can contribute to an undue burden on access to abortion care-- now factor in the need for air travel. Allowing licensed providers to perform in-clinic abortion care could lessen the burden on access to abortion care.

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



Xenia Owen

xeniaowen808@gmail.com

96768

HB-576

Submitted on: 2/3/2021 4:10:50 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Celine Buckley - Taylor	Individual	Support	No

Comments:

My name is Celine and I am writing today in support for HB 756.

I have always leaned on Planned Parenthood for reproductive rights. I have been fortunate to have health care and have had an IUD and other services that were provided to me through planned parenthood. As I'm sure you are aware, there are a multitudes of reasons that women need to have access to abortion in their locale. I am saddened that women on outer islands are stifled by the current restrictions; financially, emotionally, and a plethora of other ways, by not having access on their islands to abortion. Reproductive rights should not be that difficult for women.

Thank you for the opportunity to support the HB 576 bill.

Aloha,

Celine Buckley- Taylor

adoptatree@hotmail.com

HB-576

Submitted on: 2/3/2021 4:29:43 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Megan Deets	Individual	Support	No

Comments:

I write in support of HB576. As a neighbor island (Kauai) resident, I have heard that there are currently no on-island abortions available. Particularly in the midst of a pandemic, I imagine this impacted a number of women, and likely disproportionately so (poorer women and/or women of color are likely less able to travel to O'ahu for such a procedure). Please support the right of all women to control their own reproduction, and help to ensure each woman's equal access to reproductive care.

HB-576

Submitted on: 2/3/2021 4:41:38 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Roxana Rosala	Individual	Support	No

Comments:

I support HB576 because I believe that all women should have equal access to safe reproductive care, no matter what part of the state they live in. If qualified doctors and nurses are available, they should be allowed to practice on willing patients. Thank you for your consideration.

HB-576

Submitted on: 2/3/2021 5:00:46 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Polli Oliver	Individual	Support	No

Comments:

I am in support of this bill and it's passage.

Mahalo

HB-576

Submitted on: 2/3/2021 5:05:22 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michal Fentin Stover	Individual	Support	No

Comments:

I support HB576 because it would make abortions more accessible to more women by authorizing more types of practitioners to provide them.

HB-576

Submitted on: 2/3/2021 5:06:19 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julia Dunville	Individual	Support	No

Comments:

I am firmly pro-choice and believe all women in Hawaii should have access to abortion services. As it stands there are no providers authorized to provide these services on Kauai, meaning the decision to fly to Oahu for said services is stressful and costly (and in many cases impossible). I believe access should be expanded for the health and safety of women in the outer islands who already have a difficult choice to make. They should not be burdened with the logistical and financial choices associated with seeking services on another island.

Support for House Bill 576

February 5, 2021

COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Rep. Ryan I. Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Chair Yamane, Vice Chair Tam, and Members of the Committee:

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

I Came from Planned Parenthood

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

Sexual Violence

My first real experience with organizing people for collective action was a matter of organizing students on a college campus to raise awareness about sexual assault and intimate partner violence. Many survivors of sexual violence need many services, including those that, if the survivor is female, can liberate her from carrying the child of her assailant. We all know women who are raising the children of their assailants, but only in rare cases do we know that this is how the child was conceived.

Disproportionate Effects for Women with Disabilities

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

Disproportionate Effects for Indigenous Women

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

Incentives for Assailants

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

Mahalo for considering my mana'o.

Justin Mark Hideaki Salisbury (he/him/his)

808salisbury@gmail.com

HB-576

Submitted on: 2/3/2021 5:23:40 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Please, please make it easier and quicker and safer for women who need to go through this procedure. Life is tough, we don't need to make it any harder.

HB-576

Submitted on: 2/3/2021 5:26:47 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kelci Ellis	Individual	Support	No

Comments:

I agree with this bill.

HB-576

Submitted on: 2/3/2021 5:32:05 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Hirose	Individual	Oppose	No

Comments:

Hearing: Committee on Health Human, Services, & Homelessness

Date: Friday, February 8, 2021

To: Chair, Rep. Ryan I. Yamane

Vice Chair, Rep. Adrian Tam

Members of the Committee on Health, Human Services & Homelessness

From: Mary Hirose, Pearl City, HI

RE: HB576 in STRONG OPPOSITION

I oppose passage of HB576. This proposed bill provides authority to non-physicians to perform aspiration abortions. If women are going to choose to use this method, where there are notable risks and complications, they need to be closely monitored and they need to have a licensed physician do the procedure.

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. It is clear that only a physician or surgeon should be doing this work.

As Hawaii allows girls as young as 14 to get an abortion without parental consent, only physicians should be allowed to perform surgery on a minor. The danger this bill poses toward women is grave. Injury to the uterus or cervix, potentially damaging intestines, bladder, and nearby blood vessels, may occur. Other consequences

include hemorrhage, infection, and in some cases, even death of the mother. Physicians who do aspiration abortions should have admitting rights at the local hospitals in the case of a mistake. Approximately 1 out of 63 aspiration abortions are incomplete. 1 in 163 women will experience injury to the uterus or cervix. 1 in 48 women will hemorrhage. 1 in 59 will experience infection. Surgical termination of a pregnancy carries a higher risk of complications versus chemical termination

Abortions should be safe. Having anyone other than a physician does not make abortion safe for women. Please vote in opposition to HB 576.

Mahalo,

Mary Hirose

Pearl City resident

HB-576

Submitted on: 2/3/2021 5:37:56 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Gamby	Individual	Support	No

Comments:

HB-576

Submitted on: 2/3/2021 5:43:04 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Van Wishingrad	Individual	Support	No

Comments:

I am writing in strong support of HB576 which provides equal access to abortion rights.

HB-576

Submitted on: 2/3/2021 5:52:27 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kiana Otsuka	Individual	Support	No

Comments:

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

My name is Kiana Otsuka 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.

Passing this bill 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, and it is more important than ever that we ensure that patients and health care providers are not forced to travel to another island for reproductive health care.

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

Mahalo,

Kiana Otsuka

HB-576

Submitted on: 2/3/2021 5:59:54 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Submitted on: 2/3/2021 6:01:55 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homelessness

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

My name is Alana Reis, female, life-long resident of Kailua,

and I am writing today in support for HB 576.

I believe access to abortion and essential family planning services should be a guaranteed right for women who would seek it. Restrictive measures that force these women to travel, spend higher costs, and ultimately face a tougher experience both personally and socially, deprives them of their dignity and autonomy. Please allow Hawai'i to be a beacon of abortion access and the proper respect of a woman's right to choice what is best for her situation.

Please pass the measures laid out in HB 576

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

Alana Reis

Kailua

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

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

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

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

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

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

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

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

Mikaila Samsen

mbsamsen@hawaii.edu

96779

HB-576

Submitted on: 2/3/2021 6:06:14 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

House Committee on Health, Human Services and Homelessness

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

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

As a 38 year old woman from a middle class family of immigrants, 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, even when the access was via free health clinics.

Planned Parenthood has not only given me health care since I was 16 years old, but also secured my path to success. Without their services I would never have been free to become the successful environmental engineer I am today.

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,

Irina Constantinescu

irinac42@gmail.com

Wailuku, HI 96793

HB-576

Submitted on: 2/3/2021 6:07:39 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

I support this bill.

HB-576

Submitted on: 2/3/2021 6:13:06 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

I am Joan Gannon of West Hawaii and am asking you to for yes for HB 576.

Thank you

HB-576

Submitted on: 2/3/2021 6:20:04 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sam Small	Individual	Support	No

Comments:

support

Rep. Ryan I. Yamane, Chair
Rep. Adrian K. Tam, Vice Chair
HB 576

DATE: Friday, February 5, 2021
TIME: 8:30 AM
PLACE: VIA VIDEOCONFERENCE
Conference Room 329
State Capitol
415 South Beretania Street

IN STRONG SUPPORT OF HB 576

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

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

Thank you for your consideration,

Sidney Bandy

HB-576

Submitted on: 2/3/2021 6:45:11 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Members of the Committee on Health, Human Services and Homelessness,

I urge you to oppose HB576; this bill would **allow non licensed physicians to perform aspiration abortions.**

Passage of this bill could potentially place minor girls and women at great risk if not performed by a licensed physician or osteopathic surgeon.

I trust you will protect the safety and welfare all women.

Respectfully, Julia Yano, Mother of Three

HB-576

Submitted on: 2/3/2021 7:08:34 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice Chair

House Committee Health, Human Services and Homelessness

Dear Chair Yamane, Vice-Chair Tam, 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

loconnell37@gmail.com

96826

HB-576

Submitted on: 2/3/2021 7:09:05 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica Conner	Individual	Support	No

Comments:

Mahalo nui for the oppotunity to support HB576

HB-576

Submitted on: 2/3/2021 7:32:56 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

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

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

As a 53 year old woman, 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.

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. 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.

All citizens of HI deserve 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,

Julie Rivers

Riversja@outlook.com

96816

HB-576

Submitted on: 2/3/2021 7:43:28 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Men, social services, religious groups...at the end of the day they all come and go. Women need to have a choice, to listen to their internal wisdom on whether they are ready and supported in bringing a new life onto this planet. If they are not, they should have a easeful and safe choice to terminate pregnancy.

HB-576

Submitted on: 2/3/2021 7:44:09 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melina Pi	Individual	Support	No

Comments:

To: Chairman Yamane & Members of the House Health, Human Services and Homelessness

From: Melina Pi R.T. (R)(ARRT), Licensed Radiologic Technologist

Subject: Extremely strong support for Bill HB 576-Relating to Healthcare

Aloha my name is Melina Pi and I am a certified licensed Radiologic Technologist. As someone who is in the medical field, it's appalling that there is such lack of options for women to get the medical help they need to make choices for their body thru abortion care on the outer islands. Abortion care needs to be offered on every island. The amount of stress a woman goes thru to first make the decision to terminate her pregnancy and then to have more unnecessary stress financially due to traveling to another island. Every woman on every island should have the same amount of opportunity to receive the abortion care they deserve.

I appreciate you all taking the time to read my testimony in support of Bill HB 576.

HB-576

Submitted on: 2/3/2021 7:47:58 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marion McHenry	Individual	Support	No

Comments:

I strongly support equal access to abortion care.

HB-576

Submitted on: 2/3/2021 8:01:04 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
manny aruda	Individual	Oppose	No

Comments:

I do not support Bill HB576 .

This bill is going too far and against what I believe.

I do not believe in murdering the unborn.

I do not support abortion because It is against the Commandments of God.

I definately against my insurance to pay for this crime.

HB-576

Submitted on: 2/3/2021 8:10:26 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homelessness

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

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

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

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

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

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

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

abortion care. It is more important than ever that we ensure that patients and health care providers are not forced to travel to another island for reproductive health care.

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

Brian Goodyear

bsgoodyear@aol.com

2924 Alphonse Place, Honolulu, HI 96816

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;

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

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

I have personally taken care of a patient who – by the time she successfully navigated the obstacles to travel interisland for abortion care – was no longer eligible for the safe and affordable procedure described by this law. Had she been able to access aspiration abortion closer to home, her care would have been much more streamlined.

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

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

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

Samantha Kaiser, MD
96813

HB-576

Submitted on: 2/3/2021 8:22:03 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Dinner	Individual	Support	No

Comments:

Everyone must have equal access to all areas of our system.

To: Chair Yamane and members of the House committee
From: Noel Smith, Medical Assistant
Subject: Great support for BH576 relating to Health Care

Aloha my name is Noel Smith. I am from the big island of Hawai'i. As a medical assistant, I can't begin to tell you how many patients have come through seeking abortion access only to find out that services are limited to non-existent on the island. It is unacceptable that patients need to travel to other islands to seek care. Oftentimes these patients were not familiar with the other islands and feared having to travel alone and with little to no extra funds to spend on the process. It is my hope that you can read through these testimonies and understand how much BH576 will impact our communities on the big island of Hawai'i in an effective and caring way.

Mahalo for taking the time to read my testimony.

Noel Smith.

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

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

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

Dear Chair Yamane, Vice Chair Tam, 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, 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.

To: Hawaii State Legislature – Committee on Finance
Hearing: Date/Time: Friday, February 5, 2021 8:30 am
Place: Hawaii State Capitol, Room 329
Re: Judith Ann Armstrong is in strong support of HB576 Equal Access Act

Aloha Chair Yamane and 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
1717 Ala Wai Blvd
Apt 3006
Honolulu, HI 96815

HB-576

Submitted on: 2/3/2021 9:07:21 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle O'Byrne	Individual	Support	No

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homelessness

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

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

[insert your story here]

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

Michelle O'Byrne

teachermichellerose@gmail.com

96753

I am writing in support of HB576. Access to abortion services is a critical part of health care. The right to reproductive health is protected as a fundamental right as outlined in section 453-16, HAWAII REVISED STATUTES. Therefore, (APRNs) and physician assistants (PAs) – should be allowed to provide early abortion care. Requiring patients to travel to neighbor island or wait extended times for an

appointment violates the fundamental right to reproductive health. In addition, low income, rural and immigrant women are disproportionately affected by this restriction. I hope that you will vote to support this important bill to support reproductive rights.

Respectfully,

Michelle O'Byrne

HB-576

Submitted on: 2/3/2021 9:14:21 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Aloha, my name is Carolyn Eaton and I strongly support equal access to abortion.

HB-576

Submitted on: 2/3/2021 9:39:48 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Greg Puppione	Individual	Support	No

Comments:

Reproductive health should be available to everyone regardless of income. The more access that people have quality health care, the better.

HB-576

Submitted on: 2/3/2021 9:43:05 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Keisa Liu	Individual	Support	No

Comments:

My name is Keisa Liu and I would like to testify in support of HB576. I live in Maui County which includes Maui, Moloka'i, and Lana'i. Maui is considered an outer island and Moloka'i and Lana'i are the outer islands of an outer island.

I work as the Executive Assistant for Maui County Councilmember Gabe Johnson for Lana'i. I know what our Lana'i community is up against when it comes to medical appointments. The travel time for even the most basic medical needs is an all day and costly event for them; and that's if they just come to Maui.

But when it comes to something as time sensitive as an abortion, the options for our outer islands in Maui County are even more limited. The cost is greater. The travel time is longer. It's almost not even really an option.

It is not necessary for a physician to perform aspiration abortions; studies and statistics prove it. Reducing the restrictions on who can perform them to include registered Nurse Practitioners will allow the access to basic reproductive healthcare for our women of Maui County. Basic reproductive healthcare for women includes access to safe, affordable abortions. It's as simple as that.

HB-576

Submitted on: 2/3/2021 9:47:10 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Graham Chelius	Individual	Support	No

Comments:

I have worked with several Nurse Practitioners on Kauai over the last 12 years and would like to share that they are careful, well trained and skilled health care professionals. They ask for consults at appropriate times, for appropriate patients. In my current experience, there is no reason to exclude these health care providers from offering this important, needed and low risk service.

Graham Chelius MD

Kauai

HB-576

Submitted on: 2/3/2021 9:51:16 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
jennifer schneider	Individual	Support	No

Comments:

I am in support of HB 576.

Women need to have access to safe abortions.

Women need to chose for their bodies.

Health care, whether it be abortions, birth control, mental/emotional support, needs our support in the legislature.

Practice ALOHA, support women. Support this bill

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

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

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

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

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

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

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

Anastasia Sanft
96708

HB-576

Submitted on: 2/3/2021 10:13:08 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

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

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

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

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

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

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

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

Thank you,

Marit Pearlman Shapiro, MD, MPH

HB-576

Submitted on: 2/3/2021 10:19:37 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Hathaway	Individual	Support	No

Comments:

Safe abortion must be available and affordable for any woman who requests it. Health care providers who are qualified and willing should be able to perform abortions. Women need greater access and more choices of providers. Thank you for considering my testimony.

HB-576

Submitted on: 2/3/2021 10:27:09 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

This bill HB 576 promotes abortion. I oppose it on the grounds that abortion is the taking of a life. A child is being butchered and murdered. Please vote against this bill and work to stop aborting the blessed little ones who have a right to live.

HB-576

Submitted on: 2/3/2021 10:51:03 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jasmine Kahumoku	Individual	Support	No

Comments:

As a Hawaii Island resident, health services (early abortion access) on island is very necessary. Patients seeking services on island, but having limited to no service centers available can be very stressful. At this moment, due to Covid-19, traveling is not encouraged. If it's possible to lessen traveling within the islands, why not be part of the solution. It would also help patients financially to not have to worry about travel expenses. If we have qualified APRNs and PAs to perform such services, then it should be accessible on all islands.

Thank you for taking to time to read my testimony.

Jasmine Kahumoku

HB-576

Submitted on: 2/3/2021 10:51:49 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

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

My name is Sarah Turgeon, 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. Passing this bill would allow for more equitable access for abortion services for a greater number of people. The decision to terminate a pregnancy is not an easy one, and it is not something that is taken lightly. Expanding access to abortion services will help ease the additional stresses during what is often already a trying time.

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

Sarah Turgeon

sarahhturgeonn@gmail.com

96815

Individual testimony:

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

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

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

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

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

Thank you,

Courtney Kerestes, MD

HB-576

Submitted on: 2/3/2021 11:10:28 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Rehberg	Individual	Support	No

Comments:

Representative Ryan Yamane, Chair

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

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

My name is Catherine Rehberg and I am writing today in support for HB 576

Quality women's healthcare is essential to a healthy community. Quality healthcare means: accessible, reliable, safe and affordable services that meet the specific needs of each individual woman, even if she decides to terminate a pregnancy.

Unwanted pregnancy can lead to a huge financial burden on our society as well as emotional trauma for women found in that situation. Due to the outdated laws restricting the provision of early in-clinic abortions by physicians, people are forced to wait or travel at great personal expense to get their needs met. When there are obstacles to receiving quality healthcare based abortions, women may seek to meet their needs by any means necessary, including home based remedies. This needs change.

Each woman must be the one to decide if she is ready to proceed with a pregnancy. The fact that we are still voting over accessible health care and WOMEN'S RIGHTS OVER THEIR OWN BODY shows how deeply our society is still rooted in patriarchy and how much farther we have to go for EQUALITY & AUTONOMY. Please vote for progress and empowerment.

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

Mahalo,

Catherine Rehberg

catherine.rehberg@gmail.com

96781

HB-576

Submitted on: 2/3/2021 11:13:27 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amber Granite	Individual	Support	No

Comments:

Access to abortion care is truly a woman's right. Our bodies are programmed to carry and bear the children of this world and when it becomes a health risk, be it physical or mental, to carry out a pregnancy, we should not have to overcome major barriers to gain access to abortion care. If you have never had to ponder whether or not to have one then my testimony will serve to give voice to that concern. This is a fictitious story of accumulated sharing of stories amongst women.

Alicia is a 30-year old female who has 3 children under 6. She is stay-at-home mother and her husband is always on her case about cleaning, taking care of the household, cooking, looking sexy and maintaining herself. Meanwhile, Alicia is tired, feels like she is constantly cleaning up, picking kids up, cooking and feeding them, carrying them, not getting any rest in between and sometimes sad, wishing she had just a little time to herself. She is taking a mini pill type of birth control which you have to take very regularly in order to work. She takes this because she is still breastfeeding their youngest child and doesn't want to hurt her milk supply. (Some estrogen-type birth control are known to decrease breastmilk supply). She feels like she thinks of everyone but herself and she really could not handle another child right now. She notices that she hasn't gotten her period yet this month and starts to worry. On her weekly grocery run she grabs a pregnancy test and hides it until she has a moment alone. She works hard to get the 2 younger ones down for a nap and her oldest gets his time on his ipad. She takes the pregnancy test and the waiting time feels like hours. Afraid to look but knowing she has to she checks the test and sees the dreaded pink line. Oh My Gawd she thinks to herself. This can't be happening. He's gonna freak out. I can't handle another mouth to feed and we can barely make ends meet as it is. Her heart is racing and her mind is everywhere. She falls to her knees in the bathroom and begins to cry.

So imagine now if you had all of that going on AND you lived on Moloka'i for example with no access to abortion care. This woman would have no where and no one to turn to for help. If she was trying to keep it private (because every female who wants an abortion WANTS TO KEEP IT PRIVATE) she can't because she would have to find someone to watch her kids. She'd have to tell her husband what's going on and he already expects her to do everything and anything like a superwoman. There's no way she could jump on a plane and go to O'ahu and stay with who? She may not have money of her own or possibly he only gives her so much money OR if she uses their money he will ask millions of questions about where the money went.

Please, give us access to these services so we don't have to suffer through this type of anxiety. We do not make these kinds of decisions because we want to go against God or nature. There is a lack of support and understanding of how much kuleana a woman has to bearing children and to being a mother. We KNOW how big the responsibility is. Yet how can you, on one hand, deny us access and on the other hand only allow us 6 weeks to recover from childbirth and learning to feed our child only to throw us back into the work force and separate us from a being you said we have to have cause it's our fault we didn't take the pill correctly or get the shot or abstain. It doesn't always look like that. A rape victim who doesn't want to carry the rapist's child should not have to answer to anyone on her decision to abort then have to jump through leaps and bounds to get to a provider. I support equitable access to abortion care by allowing APRNs and physician assistant's to offer these services.

Mahalo for your time.

HB-576

Submitted on: 2/3/2021 11:19:11 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

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

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

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

Our non-Oahu communities have always had difficulty accessing abortion care, but that has become exacerbated by the pandemic. Travel to Oahu always entails taking time off from work, finding childcare, raising money for interisland travel – all of which affects folks with lower income and from our communities of color, especially Native Hawaiian/Pacific Islander, the most – but now our residents are dealing with confusing travel restrictions, procuring testing, and potential quarantining when they return to their home island.

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

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

Thank you,

Sara Harris, MD

To: Hawai'i State House Health, Human Services, and Homelessness Committee
Hearing Date/Time: Friday, Feb. 5, 2021, 8:30 am
Place: Hawai'i State Capitol, Rm. 329
Re: Testimony in support of HB 576, Relating to Equal Access to Abortion

Aloha e Chair Yamane and esteemed Members of the Committee,

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

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

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

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

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

E mālama,
Madeline "Maddy" Walsh

HB-576

Submitted on: 2/3/2021 11:46:37 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Dear Chair Yamane, Vie Chair Tam, and esteemed members of the committee,

I am an obstetrician/gynecologist in Honolulu, and I am writing today in support of HB576. This bill would help people in Hawai'i have access to their right to abortion by allowing APRNs and PAs to perform aspiration abortions.

Abortion is a legally protected right, but legal protection means little if care is not actually accessible. Hawai'i has excellent competent, caring abortion providers, but lacks providers on all islands. Even on Oahu, abortion care is much easier to access in town. Research has shown aspiration abortion performed by APRNs and PAs is as safe as when performed by MDs, and several other states already have laws similar to this one. Restricting aspiration abortion care to MDs unnecessarily creates barriers to care, especially for our most vulnerable patients and families.

Abortion care is always safest when done early in a pregnancy. As a doctor, I have taken care of many patients who have had to delay their abortion care to deal with logistical challenges - time off work, childcare, money. Especially for patients who have to travel for abortion care, these challenges can be very difficult. Allowing all competent providers to perform abortions can help expand care to more areas, making these logistical hurdles more manageable.

Thank you for your time and attention.

Theresa Myers, MD

96822

Testimony Presented Before the
Committee on Health, Human Services, & Homelessness

HOUSE BILL NO. 576
Friday, February 5, 2021 8:30AM
VIA VIDEOCONFERENCE

Chair Yamane and Members of the Committee:

Thank you for the opportunity to testify on this bill. I support this bill to help authorize licensed physician assistants and advanced practice registered nurses to perform certain abortions. I respectfully urge the Committee members to pass HB 576 unamended out of your Committee.

My name is Tiffany Keko'olani, and I am a current grad student at the University of Manoa School of Thompson Social Work and Public Health. I have witnessed first-hand family members declined services to basic reproductive health care due to residing on different islands other than Oahu. If HB 576 were passed sooner, it would have helped my family have equal access to abortion care despite living on any other island besides Oahu. It would have helped us with transportation expenses, living expenses from a quarantine timeframe of two weeks and save us from the excessive emotional pain that we have endured from the beginning. My cousin required an abortion due to the life-threatening health condition of carrying her baby to full term. There was no way around the inevitable, and what she needed was to live. Emotional turmoil is what she experienced the entire time of waiting to access her rights to an abortion. Unnecessary time, money, and energy wasted flying to Oahu to get the necessary health access that she direly needed that was absent back home. I strongly support HB 576 to help others who experience a similar situation as my cousin. Moreso, during a pandemic, HB 576 should be seen as a need more than ever! Please take into consideration the future ohanas, mothers, and victims this bill would help, mahalo.

I strongly request that this Committee pass this measure, mahalo.

Respectfully yours,
Tiffany Keko'olani

HB-576

Submitted on: 2/4/2021 1:31:02 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homelessness

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

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

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

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

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

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

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

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

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

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

Anna Chua

annachua@hawaii.edu

96826

HB-576

Submitted on: 2/4/2021 1:48:27 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Siobhan Coad	Individual	Support	No

Comments:

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice-Chair

House Committee on Health, Human Services and Homelessness

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

My name is Siobhan Coad and I am writing today in support of HB 576.

As a patient of Planned Parenthood for the past fifteen years, I can sincerely say that the ability to easily access safe, quality and affordable reproductive health care has been vital to captaining my life. The ability to create the life I desire is inextricably bound to the control of choices regarding my own body. Planned Parenthood has fostered my development as a woman, social worker, and community member.

Hawai'i stands proudly as the first state to legalize abortion; however, what good is a right if you have no ability to use it? Health care needs to be available to more than just those who can afford it or afford to wait for it.

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. People on Maui only have access to a provider twice each month and the provider must fly from another island.

The onset of COVID-19 exacerbated these barriers to care. With safety risks and travel restrictions heightened, inter-island travel not only became difficult, but also a risk of viral spread. Further, as Hawai'i has the highest rate of unemployment (as of July 2021 according to the U.S. Department of Labor Statistics), the cost of traveling to O'ahu for

an abortion (including tickets, COVID-testing, lodging, childcare and transportation) is simply too high for the many who are financially strained.

Undoubtedly, these barriers disproportionately affect the most vulnerable in our community, especially survivors of intimate partner violence, the BIPOC community, the LGBTQIA+ community, and those with low socioeconomic status.

I implore you to pass HB 576 to ensure that everyone has access to the health care they deserve and fulfilling each person's right to employ control over their own body, as was intended when signed into law by your predecessors in 1970.

Graciously,

Siobhan Coad

sgcoad@hawaii.edu

96816

HB-576

Submitted on: 2/4/2021 3:28:26 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

As written in the bill, this procedure can be safely done by medical professionals other than physicians. Please help bring parity in healthcare to all women throughout the state. Quality medical care should not depend on how close you live to a big city.

Testimony IN SUPPORT of HB 576:

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

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

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

I am a provider of abortion care as well – one of a handful of OB/GYNs in our state who provide this service. I travel once or twice a month to Maui to provide abortion care because there is no aspiration abortion provider currently on Maui. In fact, the only other island that has an aspiration abortion provider is the Big Island. At the beginning of the coronavirus pandemic, when interisland travel became restricted, I was unable to travel, and the people on Maui were without access to this basic healthcare service for a few months. Our non-Oahu communities have always had difficulty accessing this care, but that has become exacerbated by the pandemic. Travel to Oahu always entails taking time off from work, finding childcare, raising money for interisland travel – all of which affects folks with lower income and from our communities of color, especially Native Hawaiian/Pacific Islander, the most – but now our residents are dealing with confusing travel restrictions, procuring testing, and potential quarantining when they return to their home island. A woman from Maui who had a severe medical condition in which pregnancy was endangering her life was concerned that she would need to quarantine when she returned home and she could not afford that. She never made it to Oahu for her procedure.

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

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

Mahalo,



Reni Soon, MD, MPH

HB-576

Submitted on: 2/4/2021 8:02:42 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rita Kama-Kimura	Individual	Oppose	No

Comments:

I strongly oppose the passing of this bill which "Authorizes licensed physician assistants and advanced practice registered nurses to perform certain abortions."

HB-576

Submitted on: 2/4/2021 8:28:25 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Olivia Manayan	Individual	Support	No

Comments:

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

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

I am an obstetrician/gynecologist in Honolulu, and I am writing today in support for HB 576.

This bill would increase access to basic healthcare by allowing advanced practice registered nurses (APRNs) and physicians assistants (PAs) to perform aspiration abortions. As an OB/GYN in Hawaii, I see daily the importance of access to comprehensive reproductive health care. My patients frequently travel far distances to access a physician. Currently, people on Kaua'i, Moloka'i, and LÄ• na'i, and the west side of Hawai'i do not have access to a local provider who is able to provide aspiration abortions. As a result, these women have to travel long distances to access this care, accruing costs for travel, lodging, childcare, and missed work days. In Maui, a provider travels twice a month from another island to provide this care; otherwise, Maui residents have to travel to O'ahu. The COVID-19 pandemic has deepened the economic divides faced by the women of Hawaii, particularly impacting Native Hawaiian and Pacific Islander women. Thus, the costs of this travel have become even more of an obstacle for our patients.

I have personally taken care of a patient who – by the time she successfully navigated the obstacles to travel interisland for abortion care – was no longer eligible for the safe and

affordable procedure described by this law. Had she been able to access aspiration abortion closer to home, she might have been able to exercise her constitutional right to have an abortion, in the interests of protecting her agency, health, and autonomy.

The safety of trained APRNs and PAs performing this procedure has been repeatedly demonstrated through clinical research. This conclusion was confirmed by the National Academies of Sciences, Engineering, and Medicine, a non-partisan source that provides objective assessments of science and technology. And after a successful multi-year pilot program, California passed a similar law, expanding abortion provision to APRNs, PAs, and certified nurse midwives. Ten other states have similar laws. Hawaii has always led the way in reproductive health care recognizing that abortion access is vital to women's health. The evidence is clear. This change is not only safe, but needed. It is time Hawaii expands access to comprehensive women's healthcare, which is why I support HB 576.

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

Olivia Manayan, MD MPH
96815

Testimony to House Committee HHH

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

Friday, February 5, 2021

8:30 AM -- House Conference Room via Zoom

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

1. I most strongly **OPPOSE** this bill, HB 576 that reduces the quality of healthcare provided to women.
2. Hawaii's hostility to the practice of medicine by medical doctors has created a doctor shortage in Hawaii and our state refuses to address. In fact, the extended (and unnecessary) lockdown for the corona virus situation has exacerbated the doctor shortage according to [reports](#). Rather than improving the conditions that would attract and retain trained medical doctors and facilitate the practice of medicine, the legislature is considering degrading the medical training requirements for services offered to women, endangering their lives and their future ability to have children. Abortion is not a simple medical procedure and complications can be life-threatening. Women die and suffer debilitating repercussions when emergencies are not quickly and professionally addressed. Reducing the skill set required for this procedure is not what is in the best interest of women and their families. Reducing the quality of is not an option worthy of consideration by our elected officials.
3. Do not pass nor amend HB 576. It needs to be completely dropped from consideration. Address the doctor shortage instead.

HB-576

Submitted on: 2/4/2021 8:29:57 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

I support APRN's and PA's to be able to perform abortions. Especially for those without access to such services/options in Kaua`i.

HB-576

Submitted on: 2/4/2021 8:29:58 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

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

My name is Nikki-Ann Yee and I am writing today in support for HB 576

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 worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, expensive, and risky to viral spread. Moreover, when they are restricted from access to reproductive healthcare, they are forced to make risky decisions that can have personal and societal ramifications.

In order to truly have an equitable society, we must make equitable access to reproductive healthcare a right and protection under the law.

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

Nikki-Ann Yee

nikkian.yee@gmail.com

LATE

HB-576

Submitted on: 2/4/2021 8:37:23 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

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

My name is Nanea Lo 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. I believe that all islands should have access to reproductive healthcare. The limited availability of abortion physicians leads to higher costs, unnecessary travel, long wait times, and delays to time-sensitive care is currently unacceptable.

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

Nanea Lo

LATE

HB-576

Submitted on: 2/4/2021 8:42:39 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

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

LATE

HB-576

Submitted on: 2/4/2021 9:18:51 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Please, support HB576.

LATE

HB-576

Submitted on: 2/4/2021 9:34:17 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Please, support HB576.

LATE

HB576 Relating to Health Care.

February 5, 2021 8:30 a.m. Zoom

Aloha Chair Yamane and Vice Chair Tam,

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)

LATE

HB-576

Submitted on: 2/4/2021 10:43:12 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Ishiki	Individual	Oppose	No

Comments:

I am very opposed to this bill. It will not only put more medical facilities at risk of having the public come in for a "non essential" procedure and thus expose more people during this sensitive time to Covid. I find it very insensitive of anyone to suggest more exposure when we are in a pandemic.

LATE

HB-576

Submitted on: 2/4/2021 1:28:02 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Dear Committe Members:

Thank you for your service to the state of Hawaii.

As a healthcare professional, I believe life begins at conception and an unborn child deserves all the rights set forth in the Constitution, including the right to life. Besides the loss of life of an unborn child, many women suffer significant emotional problems after having an abortion, not to mention the risks associate with complications. I believe this bill will endanger the women of Hawaii further, by allowing non-physicians to perform the intricate procedures involved in abortion.

For this reason, I encourage you to preserve reasonable limits on abortion and reject this dangerous expansion. Thank you for your consideration.

Craig Nakatsuka, MD

LATE

HB-576

Submitted on: 2/4/2021 2:12:39 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

aloha and mahalo for keeping Hawaii at the front of the pack in protecting the rights of women to make decisions about their reproductive health.

Mahalo and sincerely,

Janice palma-glennie

kailua-kona

LATE

HB-576

Submitted on: 2/4/2021 2:24:28 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

I strongly support this bill as women & people who bleed deserve safe & legal access to abortion services.

LATE

TO: The Committee on Health, Human Services, and Homelessness
Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair
And Members of the Committee

DATE: February 4, 2021

RE: HB 576

TESTIMONY IN OPPOSITION

SUBMITTED BY: Wilma Youtz, P.O. Box 10273, Honolulu, HI 96816-0273

Dear Chair, Vice Chair, and Members:

HB 576 "Authorizes licensed physician assistants and advanced practice registered nurses to perform certain abortions." I am writing to you to express my opposition to and great concern for this bill which I believe poses a danger to women seeking abortions.

I do not seek to debate the controversial and emotionally-charged issue of abortion itself. Rather, I question the level of medical prudence and expertise that this bill allows for such a major medical procedure. What concerns me is the health and safety of women who, if they choose to undergo such a life-altering and life-taking procedure, would not be attended by and under the immediate care of a licensed physician. The rigor and years of training required of licensed physicians exceed those of physician assistants and nurses for a reason. Their level of skill and expertise enables them to respond to complications that can arise during "standard procedures" that a physician assistant and registered nurse may not be equipped to handle.

HB 576 fails to define "certain abortions." "Certain" is a very vague term; what type of abortions, exactly, are physician assistants and advanced practice nurses qualified to perform? Definitive terms and specifics are lacking. For this reason, among others, this bill should not receive serious consideration, let alone approval, by the Committee on Health, Human Services, and Homelessness.

In short, the life, safety, and well-being of women is always touted as the paramount issue surrounding abortion. HB 576 neglects to address the very matter which all sides on the abortion issue can agree upon. For this reason, I respectfully ask that you vote "NO" on HB 576.

Thank you for your consideration.

LATE

HB-576

Submitted on: 2/4/2021 4:22:47 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
jessica hernandez	Individual	Support	No

Comments:

Reproductive care is health care. Access to abortion care providers are limited for so many people. We cannot maintain an inequitable healthcare system--especially considering that access to abortion services can have significant effects on a woman's and a family's quality of life. The majority of women who seek abortion care already have at least one child. They need access to abortions so they can maintain a stable and suitable quality of life for them and their families. Additionally, abortion access can result in higher future incomes for women. Lastly, lack of access is typically wrought on those who are already low-income and need the services the most in order to provide or create stable home for themselves and their families.

Please pass this bill

LATE

HB-576

Submitted on: 2/4/2021 4:31:46 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

I am writing in opposition to HB 576 because having non licensed physicians perform abortions is dangerous. This bill will put minor girls and women in a possible life threatening situation if not preformed by a licensed physician. Please vote NO!!

LATE

HB-576

Submitted on: 2/4/2021 4:52:24 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

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

Respectfully submitted,

Rev. Neal MacPherson,

Retired Minister, United Church of Christ

retired minister

LATE

HB-576

Submitted on: 2/4/2021 5:30:23 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lani Untalan	Individual	Support	No

Comments:

This measure would improve the access of care for women who currently reside in under-served communities and do not have access to qualified licensed health care providers. APRNs are primary care providers who are independent practitioners based on their specialty. AN APRN's education consist of graduate level nursing degree and licensed certifications specific to the area of practice such as women's health. I respectfully request the HB576 be passed through this committee.

LATE

HB-576

Submitted on: 2/4/2021 5:31:26 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

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

Comments:

Dear Hawaii State Legislators,

I am in support of HB576,

I have always believed as an American woman that we have fair rights to the laws around our bodies and our reproductive health just as men receive.

As we go into 2021, more than ever in protections for rights to choose, is the right to have fair access to these services. This bill will allow for lower costs for all services regarding reproductive rights. As our community is made up of individuals both financially secure, stable and underprivileged we must continue our efforts as citizens to make sure all individuals can afford their basic healthcare needs. If there are highly trained and advance practiced registered nurses and physician assistances who can provide early abortion care and education, I feel we should support those efforts.

Sincerely,

Lorraine Garnier

LATE

HB-576

Submitted on: 2/4/2021 7:06:17 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Peleke Flores	Individual	Support	No

Comments:

I Peleke Flores as husband, father, son, brother, family, and friend truly believes woman should have more kokua and resources relating to health care and support for their choices. I humbly ask you to support HB576. Mahalo!

LATE

HB-576

Submitted on: 2/5/2021 4:33:32 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alana Sooriyakumar	Individual	Oppose	No

Comments:

HB-576

Submitted on: 2/5/2021 8:31:51 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lora Burbage	Individual	Oppose	No

Comments:

Aloha Chair Yamane and members of the HHH Committee,

I am strongly OPPOSED to HB576.

Allowing non-licensed medical persons to perform a surgical procedure would jeopardize the health of girls and women. This is not what the government of the people of Hawaii should allow. Yes, many "surgical" procedures are inconvenient and expensive for outer islanders, but this is no different.

Mahalo,

Lora Burbage

HB-576

Submitted on: 2/5/2021 8:39:37 AM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Josiah Burbage	Individual	Oppose	No

Comments:

I AM TOTALLY OPPOSED TO HB576 because it could harm women and girls by using not licensed medical people. It is inconvenient and expensive for people coming from the outer islands but so are all other surgeries! There is no reason why an unlicensed person should be able to perform such surgeries and jeopardize the health of those involved! PLEASE TAKE NOTE OF THIS OPPOSITION AND MAHALO FOR YOUR CONSIDERATION!

Mahalo

Josiah Burbage

HB-576

Submitted on: 2/5/2021 12:19:27 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
JOEL BURBAGE	Individual	Oppose	No

Comments:

My name is Joel Burbage and I am strongly opposed to the lowering of the bar for people who can surgically operate on women. Only surgeons should perform surgical procedures and only in proper hospitals. I also strongly oppose the taking of human life whether inside or outside of the womb.

Scientifically, it has been long proven that abortion takes the life of a person and as such it constitutes murder. As a person who deeply respects the commands of our Creator (especially the command not to murder as put forth in the 10 Commandments), I am strongly opposed to the murder of any person.

There is a lot of misinformation propagated by organizations that murder for profit (such as Planned Parenthood) regarding the scientific fact that an unborn baby is a human being, however, scientifically, there are only four things which differ between the unborn baby and a born baby, and none of these differences establish or deny personhood. These four things can be remembered using the acronym SLED.

"S" represents "Size". An unborn baby is smaller in size than the born baby. Women are generally smaller in size than men but this does not make them any less human in the same way that smaller babies are no less human than larger babies.

"L" represents "Level of development". Yes, unborn babies are less developed than born babies. but level of development does not confer personhood. My seven-year-old daughter is less developed than my wife but this does not make her any less of a human.

"E" represents "Environment". The baby that is yet to be born resides in a different environment (inside the womb) than a born baby (outside the womb). But since when does our environment dictate whether we are a person or not? I go from my house to the store and get in and out of my car all day. We change environments all the time and rightfully so, our personhood is never under threat as a result.

"D" represents "Degree of dependency." The unborn baby is highly dependent upon her mother to care for her with her body. but since when did someone's level of dependency dictate whether they're human or not? I went through surgery recently and was put under for an amount of time while they fixed me up. I was highly dependent on a

number of people to keep me alive at that time. Should they have been able to just end my life simply because I was highly dependent upon them and they perhaps wished to not be as inconvenienced by my dependence upon them? For that matter two-year-olds are still highly dependent upon their mothers and would die if left outside by themselves for an extended period.

So it's quite clear that unborn babies are still people that need to be protected and not murdered out of convenience. We should be putting up more barriers to the currently-made-convenient murder of these innocent children, not lowering the training requirements for the abortionists.

The Second reason why I am opposed to this bill is that not only does it take the life of the unborn child but it needlessly further risks the life of the mother! Maybe the fact that there is an entire, money-making industry built up around the murder of unborn babies that is causing these sort of nonsensical bills to even be presented to a panel of otherwise reasonable people, but lets reframe what is being presented in this bill in perhaps a slightly different situation. I recently had an appendix removed. It was a serious surgical procedure which required doctors to go into my body and cut out something. Now, imagine that appendixes were somehow valuable organs. That there is a whole industry of people doing experiments on appendixes and willing to pay good money for these organs. There's also a whole industry of people that make a fine living removing appendixes, because appendixes are humbug apparently. The appendix-removing-industry, and a bunch of appendix-haters who think appendixes cramp their style, band together (and of course with the support of the wealthy, appendix-experiment-industry) lobby the good people of the legislature to somehow make appendix removal even more easy to do. They figure out that if we can allow nurses to perform these appendix surgeries (and not even in a hospital either, where the unfortunate hosts of such appendixes would have had a higher chance of getting patched up should the aforementioned nurse not happen to be a very good appendix-removing surgeon), well then, everyone can be free of their pesky appendixes and can live glorious, appendix-free lives without even having to be operated on by an actual surgeon or even in an actual hospital!

Clearly the above idea is nonsense in the extreme, yet has obvious correlations to the bill at hand.

I strongly appose this lowering of the bar for the taking of innocent life and I also appose this transparent attempt by the abortion industry to increase abortion access by putting our beloved sisters, daughter and mothers at risk in their wanton pursuit of profit and baby-hating ideology.

HB-576

Submitted on: 2/5/2021 1:40:31 PM

Testimony for HHH on 2/5/2021 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Martinez	Individual	Support	No

Comments:

I write 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.

It is very political and outdated for Hawai'i to not allow ARPNs and PAs to perform abortion care to patients, particularly in light of the very little to no access available to people on neighboring islands. For many people, paying for transportation and lodging is prohibitive, inequitable, and in my view unethical.

Furthermore, the shortage of physicians has created an additional bottleneck effect and it is imperative that Hawai'i take active steps to remedy access to care barriers and restrictive policies.

People on Kaua'i, Moloka'i, and LÄ• na'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.

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

Being forced to travel, particularly by air or by boat, to reach care can be an insurmountable barrier for people who already face systemic barriers to care, especially survivors of intimate partner violence, people of color, people with low incomes, people who live in rural communities, and young people.

The outer 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 the systemic racism public health crisis.

The physician-only restriction perpetuates this inequitable system by disproportionately forcing Indigenous communities and communities of color to

travel for care and shoulder the burden of Hawai'i's abortion provider shortage. Moreover, COVID-19 has worsened existing financial and logistical barriers to care, including making travel to access abortion care exceedingly difficult, at times impossible, expensive, and risky to viral spread.

APRNs and PAs can safely and effectively provide abortion care

Numerous studies have found no difference in abortion safety when performed by qualified licensed providers – such as APRNs and PAs – rather than a physician. For example, a multi-year study conducted by the University of California San Francisco's Bixby Center for Global Reproductive Health evaluated nurse practitioners, certified nurse midwives, and physician assistants providing early in-clinic abortion care. Over the five-year study, almost 8,000 patients received care from a qualified licensed provider, and the study found comparable rates of safety, effectiveness, and acceptability when compared to care from a physician. 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.

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. 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. Experts agree: restricting qualified providers from providing abortion care confers no medical benefit and instead harms patients by limiting access to care.

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.

Thank you for your time in considering this important issue.