



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.