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**HOUSE OF REPRESENTATIVES**
COMMONWEALTH *of* PENNSYLVANIA

# *House Democratic Policy Committee Hearing*

Expanding Access to Reproductive Health Care

Wednesday, March 29 | 12 p.m.

Subcommittee on Progressive Policies for Working People: Chair Danilo Burgos
Co-hosts Reps. Elizabeth Fiedler, Dan Frankel

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|---|---|
| 12:00 p.m. | Welcome and member introductions. |
| 12:10 p.m. | Dr. Sarah Horvath (she, her), MD, MSHP, FACOG<br>*Medical Director at Planned Parenthood Keystone*<br>*Q & A with Legislators* |
| 12:25 p.m. | Dr. Sheila Ramgopal (they, them), MD, MA, FACOG, CEO<br>*Allegheny Reproductive Health Center*<br>*Q & A with Legislators* |
| 12:40 p.m. | Katrina Lipinsky (she, they), CNM, WHNP-BC<br>Nurse Midwife (Reading, PA)<br>*Q & A with Legislators* |
| 12:55 p.m. | Closing remarks. |

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# Opening Remarks re: Abortion Provider Expansion

Dr. Sarah Horvath, Medical Director at Planned Parenthood Keystone
PA House Democratic Policy Committee Hearing on Access to Women's Healthcare
March 29th, 2023

Members of the committee,

I am Dr. Sarah Horvath, double board-certified in obstetrics and gynecology and complex family planning, and the Medical Director of Planned Parenthood Keystone. I want to thank the House Democratic Policy Committee and its Chairs for giving me the opportunity to speak at today's hearing. PPKeystone is a proud affiliate of the nation's largest and leading provider of sexual and reproductive health care, the Planned Parenthood Federation of America. We have eight physical health centers and a virtual health center providing care throughout Central and Eastern PA, and serving over 30,000 patients each year in 37 counties in the Commonwealth. We are part of the state's social safety net, providing medical services and education to all who need it.

Nearly one in four women in the United States will have an abortion in her lifetime, but the overall number of providers of that care is declining.[1] Despite the safety of abortion care and its importance for protecting each person's ability to build and support the family they want, it has become increasingly inaccessible. Even before *Roe v Wade* was overturned, states enacted thousands of barriers to receiving this vital healthcare. Since the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, 13 states have banned nearly all abortion, and 8 additional states have been blocked from enforcing abortion bans by court order.[2] In the past two years alone, over 150 abortion restrictions were passed across the country, including targeted restrictions of medication abortion and outright abortion bans.[3]

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[1] Rachel Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014* 107 Am. J. Pub. Health 1904 (2017), https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304042; Rebecca Wind, *Abortion is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates*, Guttmacher Institute (Oct. 19, 2017), https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates.

[2] *Tracking the States Where Abortion Is Now Banned,* NYT, https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html (last viewed Mar. 4, 2023).

[3] *See* Elizabeth Nash, et al., *State Policy Trends 2021: The Worst Year for Abortion Rights in Almost Half a Century*, Guttmacher Institute (Jan 5, 2022), https://www.guttmacher.org/article/2021/12/state-policy-trends-2021-worst-year-abortion-rights-almost-half-century. *And* Elizabeth Nash, etal., *State Policy Trends 2022: In a Devastating*

Pennsylvania is surrounded by states enacting these bans. There are no longer any providers of abortion care in West Virginia, and Ohio is likely to follow. We have seen a 20% increase in need for care in Pennsylvania in the past nine months. And we are doing everything we can to meet this need. I have cared for patients from Texas, from Arkansas, from across the country. People who have the means to travel are coming to us for care - and we are helping them.

Pennsylvania can play a critical role in expanding access to reproductive health care by removing medically unnecessary barriers that prevent qualified clinicians from providing abortion care. In a state that already has many ideologically motivated restrictions with no basis in science, ensuring that qualified advanced-practice clinicians ("APCs")[4] can provide abortion care is an important tool for safeguarding access to abortion. Abortion is one of the safest medical procedures in the United States, and allowing APCs to perform abortion would expand access to reproductive health care in a simple and meaningful way. Current laws require physician-only abortions, including medication abortion in which the patient is able to complete the abortion in the comfort of their own home, surrounded by their own family and support system. These laws are based on outdated regulations and need to be updated. Medical professionals overwhelmingly agree that allowing APCs to perform abortions is safe and necessary to provide patients the care they need, and 22 states already allow APCs to perform abortion (see figure 1). This is a common-sense change, as APCs already provide care for abortion patients. In fact, APCs already provide a wide range of reproductive health procedures that are similar to or more complicated than abortion, such as intrauterine device (IUD) insertion, endometrial biopsy, and early miscarriage management.[5] They also already do much of the work associated with medication abortion, such as gestational dating, counseling, blood work, and reviewing informed consent materials with patients—essentially, everything other than administering the pill.[6] The American Public Health Association (APHA) condemns physician-only laws as "ideologically based statutes [that] contradict evidence."[7] According to the APHA, "physician-only provisions do not acknowledge the roles and experiences" of APCs, "whose scope of primary and specialty practice includes management of conditions and procedures significantly more complex than medication or aspiration abortion."[8]

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*Year, US Supreme Court's Decision to Overturn Roe Leads to Bans, Confusion and Chaos,* Guttmacher Institute (December 19, 2022).

[4] The term of "APC" is used to refer to the collected roles of nurse practitioner (NP), certified nurse-midwife (CNM), and physician assistant (PA) in this statement.

[5] Am. Pub. Health Assoc., *Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants*, Policy No. 20112 (Nov. 1, 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.

[6] Marge Berer, *Provision of Abortion by Mid-Level Providers: International Policy, Practice, and Perspectives*, 87 Bulletin of the World Health Organization 58, 59 (2008), http://www.who.int/bulletin/volumes/87/1/07-050138.pdf?ua=1 ("In the 35 states (in 2007) where mid-level providers do not yet have the legal authority to administer the drugs, the mid-level clinician assesses the woman's overall health, dates the pregnancies, and then reviews the choice of a medical versus a surgical procedure. The physician briefly meets the patient and administers the mifepristone. The mid-level provider then reviews with the woman how and when to take the misoprostol at home…").

[7] Am. Pub. Health Assoc., *supra* note 21.

[8] *Id.*

I recently cared for a patient who had traveled from many hours away. She came with her mother, who had picked her up from college and was going to take her back to her childhood home, to support her through her medication abortion, surrounded by family. A few days later, she would take her back to her studies. They were both so grateful for the compassionate care we could provide, for the ability to continue her studies and to access care within her own state. I've cared for others in similar situations, who have had to travel longer and farther, from states that no longer allow them access to needed healthcare.

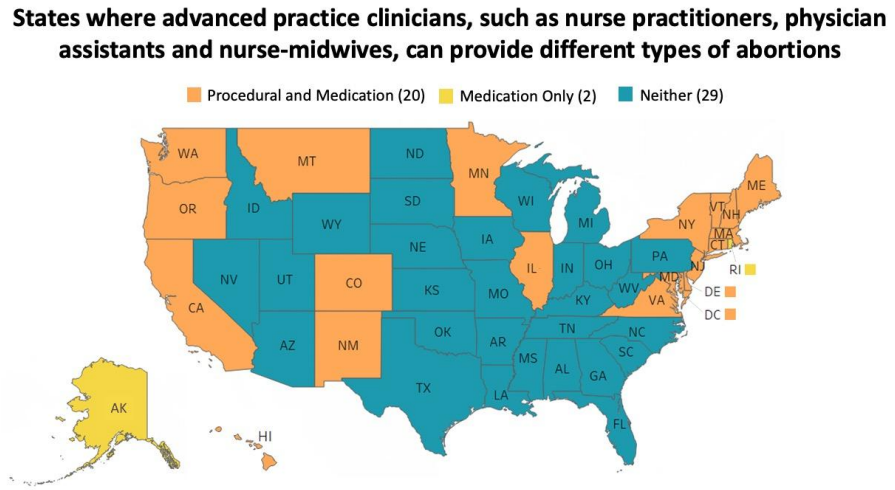
These outright bans on abortion are part of a long history of abortion restrictions and limit people from accessing abortion care in a variety of ways that are medically unnecessary and often harmful to their health.

I appreciate the opportunity to address the committee this afternoon. I am here to provide you with medical facts, to advocate for expanded abortion access, and to remind you that you have the power to support our patients and all Pennsylvanians.

Respectfully submitted,

Sarah Horvath, MD, MSHP, FACOG
she/her
Medical Director, Planned Parenthood Keystone

## Figure 1




*State Abortion Laws and Their Relationship to Scope of Practice,* Abortion Provider Toolkit. https://aptoolkit.org/advancing-scope-of-practice-to-include-abortion-care/state-abortion-laws-and-their-relationship-to-scope-of-practice/

# Opening Remarks re: Abortion Provider Expansion

Dr. Sheila Ramgopal, CEO at Allegheny Reproductive Health Center
PA House Democratic Policy Committee Hearing on Access to Women's Healthcare
March 29th, 2023

Good afternoon, I am Dr. Sheila Ramgopal and I use they/them pronouns. I am double board-certified in obstetrics and gynecology and complex family planning, and the CEO of Allegheny Reproductive Health Center in Pittsburgh. I want to thank the House Democratic Policy Committee, and the Chairs for giving me the opportunity to speak at today's hearing. Allegheny Reproductive (ARHC) is an independent reproductive healthcare provider and is one of the oldest clinics in the country. Independent abortion clinics represent over 60% of abortion facilities in this country. They provide the majority of abortions especially in the 2nd trimester and all of 3rd trimester care in this nation. At ARHC, we see over 6,000 patients annually and in 2022, provided over 4,000 abortions.

Being located in Western Pennsylvania, we have seen the tremendous impact from our neighboring states and beyond losing abortion access. After the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization,* at ARHC we have had a 40% increase in people seeking abortion services and a 30% increase in out of state clients. At our facility, we provide abortion services six days per week and are lucky to have several physicians who provide abortions at ARHC. Most other facilities are not as well staffed and often have to close their clinics if a physician provider is not available, forcing clients to delay their abortion for weeks or months, seek another clinic to get their abortion, which often increases their travel and costs, and experience longer wait times while in busy clinics.

As a full spectrum OB/GYN provider practicing for over 10 years, I provide abortion services, perform tubal ligations, hysterectomies, offer gender affirming services as well as obstetric care including hospital and home birth services to all types of clients. Throughout my career, I have had the honor of training providers in all of these areas including abortion services. We train physicians of various specialties, nurse practitioners, physician's assistants and midwives in the full spectrum of procedures including dilation and curettage (D&C) procedures and medical management of pregnancy loss (also known as miscarriage) in our region. These procedures are the same procedures that we use for abortion care delivery.

OB/GYN training programs are heavily surgical, and D&C procedures and management of miscarriage and abortion is a normal portion of our training. First year OB/GYN residents are often competent in these procedures within a few months of initiating their residency programs. We have trained other physicians whose residency training was not surgical, including Family Practice, Pediatricians, and Psychiatrists. These providers have similar or lower complication rates than their OB/GYN peers in abortion provision. The same statistics are seen with advanced practice clinicians (APCs). APCs provide high quality care in

all areas of medicine. Many APCs perform and assist with surgical procedures such as knee replacements, appendectomies, colonoscopies, and mastectomies. These procedures are more complex and have higher complication rates than abortion procedures.

I have trained many APCs over these past 10 years in all areas of reproductive healthcare including surgical procedures such as D&Cs and medication management of miscarriage. These providers excel at delivering patient centered care and increase access to healthcare by strengthening our very short staffed medical provider workforce. This shortage of providers is even more drastic in abortion care. Around 7-14% of practicing OB/GYNs provide abortion care in this country.[1] Only 3% of family practice physicians provide abortion care. [2]

By increasing abortion access in Pennsylvania, we would serve Pennsylvanians and people in other states to have reproductive autonomy as well as aid in decreasing our rising rates of pregnancy related mortality and morbidity through increasing the birthworker workforce. In a survey by the March of Dimes in 2020, they found that "maternal death rates were 62 percent higher in 2020 in abortion-restriction states than in abortion-access states (28.8 vs. 17.8 per 100,000 births)." Across the three years of the survey, "the maternal mortality rate was increasing nearly twice as fast in states with abortion restrictions". In this same study they noted that "abortion-restriction states also have fewer maternal care providers than states with abortion access, including a 32 percent lower ratio of obstetricians to births and a 59 percent lower ratio of certified nurse midwives to births". For black, indigenous, and people of color (BIPOC) who are pregnant, these statistics are even more stark. See below graphs. [3]

Recently, the World Health Organization (WHO) and the Centers for Disease Control (CDC) published a report that in 2021, the U.S. had one of the worst rates of maternal mortality in the country's history. The report found that 1,205 people died of maternal causes in the U.S. in 2021. That represents a 40% increase from the previous year and disproportionately affects BIPOC pregnant people, especially black birthing people (see graph below). [4]

Thus, by eliminating physician only laws in Pennsylvania, we could improve abortion access in our state, strengthen our healthcare workforce for reproductive healthcare providers, as well as decrease

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[1] Stulberg DB, Dude AM, Dahlquist I, Curlin FA. Abortion provision among practicing obstetrician-gynecologists. Obstet Gynecol. 2011 Sep;118(3):609-614. doi: 10.1097/AOG.0b013e31822ad973. PMID: 21860290; PMCID: PMC3170127.; https://www.guttmacher.org/news-release/2017/most-us-obstetrician-gynecologists-private-practice-do-not-provide-abortions-and

[2]https://www.scientificamerican.com/article/primary-care-providers-can-help-safeguard-abortion/#:~:text=Family%20physicians%2C%20internists%2C%20pediatricians%2C,family%20physicians%20provide%20abortion%20care.

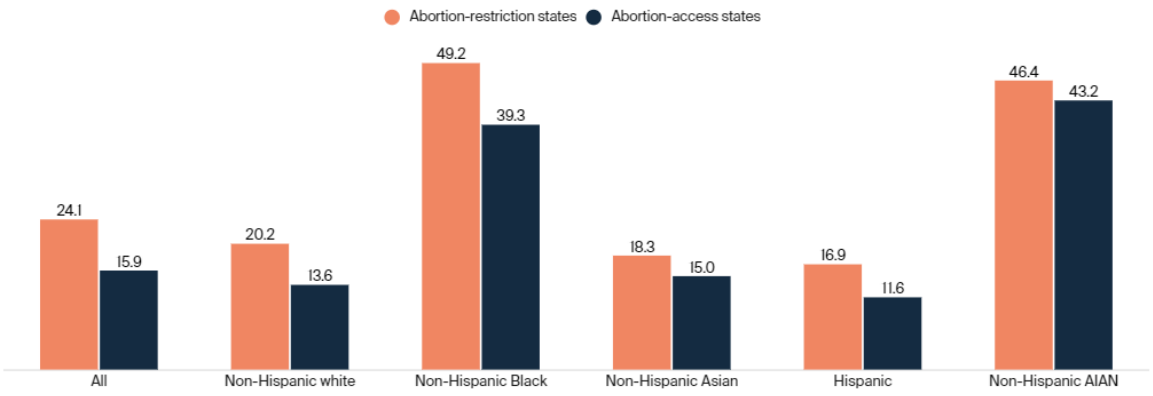
[3] Eugene Declercq et al., *The U.S. Maternal Health Divide: The Limited Maternal Health Services and Worse Outcomes of States Proposing New Abortion Restrictions* (Commonwealth Fund, Dec. 2022). https://doi.org/10.26099/z7dz-8211

[4]https://www.npr.org/sections/health-shots/2023/03/16/1163786037/maternal-deaths-in-the-u-s-spiked-in-2021-cdc-reports; Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023.DOI: https://dx.doi.org/10.15620/cdc:124678

pregnancy related morbidity and mortality throughout the spectrum of pregnancy care. We would be able to recruit and retain high quality providers from various parts of this country thus improving overall community health in Pennsylvania and surrounding states.

I appreciate the opportunity to address the committee this afternoon. Thank you to the Shapiro administration, the House Democratic Policy Committee, and the Chairs in addressing gaps to abortion care in Pennsylvania. I am here to provide you with any information, to advocate for expanded abortion access and reproductive justice, and to continue serving our patients and all Pennsylvanians.

Maternal Deaths per 100,000 Births, by Race/Ethnicity and State Abortion Policy, 2018–2020




Note: AIAN = American Indian or Alaska Native.

Data: Centers for Disease Control and Prevention, "National Center for Health Statistics Mortality Data on CDC WONDER," last updated Dec. 22, 2021.

Source: Eugene Declercq et al., *The U.S. Maternal Health Divide: The Limited Maternal Health Services and Worse Outcomes of States Proposing New Abortion Restrictions* (Commonwealth Fund, Dec. 2022). https://doi.org/10.26099/z7dz-8211

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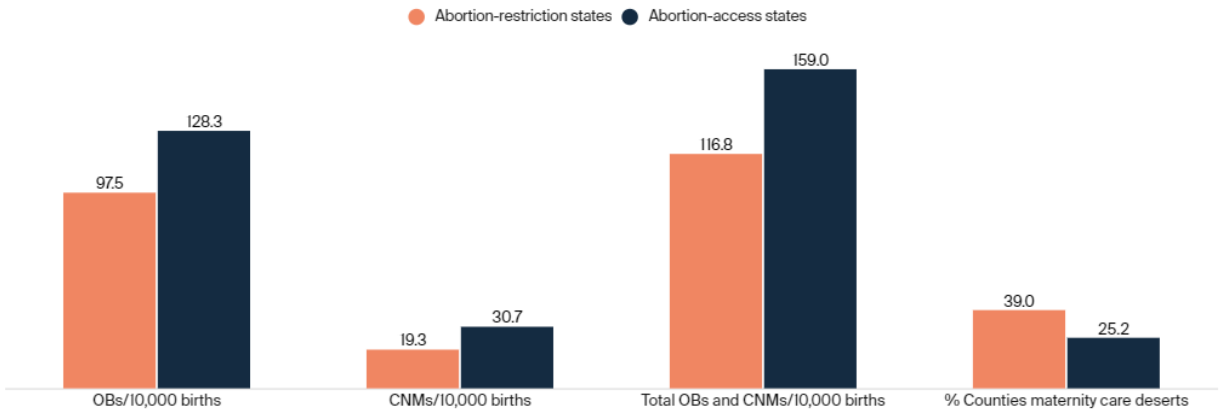
Reproductive Health Center

## Maternity Care Resources, by State Abortion Policy, 2020



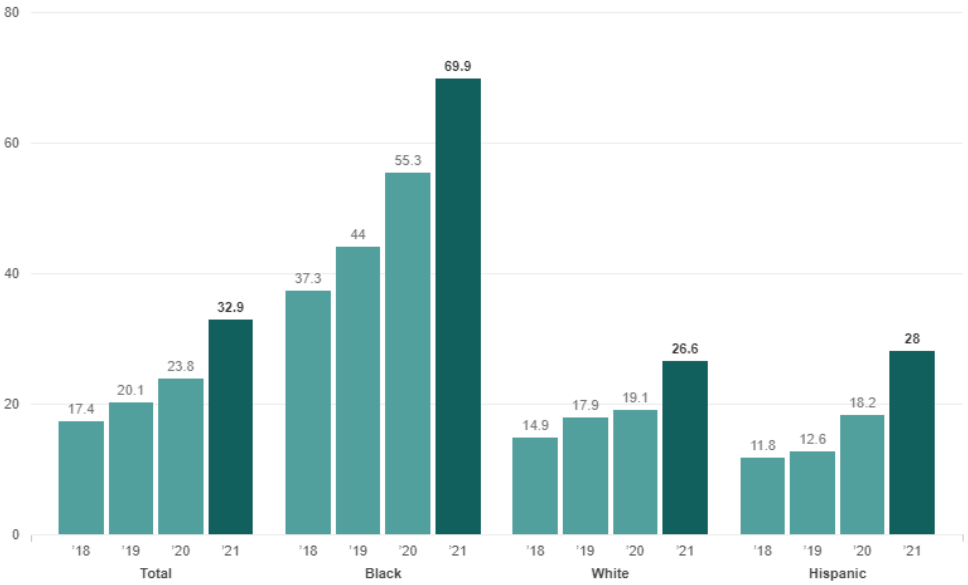

Notes: OBs = obstetricians; CNMs = certified nurse midwives. "Maternity care deserts" defined as counties in which access to maternity health care services is limited or absent, either through lack of services or barriers to a woman's ability to access that care within counties.

Data: *Providers* — Health Resources and Services Administration, "Area Health Resources Files," HRSA, last updated July 31, 2021; *Maternity deserts* — March of Dimes, *Nowhere to Go: Maternity Care Deserts Across the U.S.: 2020 Report* (March of Dimes, 2020).

Source: Eugene Declercq et al., *The U.S. Maternal Health Divide: The Limited Maternal Health Services and Worse Outcomes of States Proposing New Abortion Restrictions* (Commonwealth Fund, Dec. 2022). https://doi.org/10.26099/z7dz-8211

## U.S. maternal mortality rates rise between 2018 and 2021

Maternal deaths per 100,000 live births




**Notes**

The World Health Organization defines a maternal death as the death of a woman "from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy."

*Source: National Center for Health Statistics, Centers for Disease Control and Prevention*

*Credit: Ashley Ahn/NPR*

ALLEGHENY
Reproductive Health Center

**Sheila Ramgopal, MD, MA, FACOG**
**they/them/theirs**
**Chief Executive Officer**
**Allegheny Reproductive Health Center**

Opening Remarks re: Abortion Provider Expansion
PA House Democratic Policy Committee Hearing on Access to Women's Healthcare
March 29, 2023

**Katrina Lipinsky, MSN, CNM, WHNP-BC**
Midwife in Reading, PA representing myself
Vice Chair, Board of Directors, Nurses for Sexual and Reproductive Health (NSRH)
Board Member, Western PA Fund for Choice (WPAFC)
PA chapter leader, Reproductive Health Access Network (RHAN)
Caucus Chair, Midwives in Support of Reproductive Health and Abortion (MSRHA), American College of Nurse-Midwives (ACNM)

Hello, my name is Katrina Lipinsky and I am a certified nurse midwife and women's health nurse practitioner in Berks County. Thank you for the opportunity to speak today. I am here in support of legally recognizing the scope of advanced practice clinicians to include providing safe abortion care.

As a midwife, I regularly see patients experiencing miscarriage. Sometimes they have been bleeding for days or weeks and are waiting for the pregnancy to pass. Sometimes they were unaware their pregnancy stopped growing, and they require medication or a procedure to empty the uterus. I am able to take care of these patients by prescribing medication that causes the uterus to cramp, and allows them to safely complete their miscarriage at home.

I also see pregnant patients who desire abortion. The medical treatment for abortion is exactly the same as if they were having a miscarriage - but I am not legally allowed to provide this very same care.

There is only one abortion clinic in all of Berks County, a Planned Parenthood health center, and they are only able to provide medication abortion. Additionally, neither of the major health and hospital providers in Berks County, Tower Health and Penn State Health, offer any abortion services.

This means our patients sometimes have to travel to receive this essential, routine service. The next closest clinic is 45 minutes away. The rest are over an hour. This places a significant burden on our patients, many below the poverty line and on medicaid, who then need to take additional time off work, secure transportation and gas money, and coordinate more childcare than they would otherwise need. When patients have to wait days or weeks to get an appointment at this single clinic, they are sometimes pushed further into their pregnancy, meaning their only option is a procedure, and they have no choice but to travel. Legally allowing advanced practice clinicians to provide abortion services would increase the number of providers able to provide abortion care, and significantly reduce these burdens.

Before working in Berks County, I was in Pittsburgh working as a nurse midwife at Allegheny Reproductive Health Center (ARHC), providing full scope OBGYN care, including prenatal and

postpartum care, birth services, medication for miscarriage, and gynecologic procedures. During my time at ARHC, I was training under the guidance of Dr. Sheila Ramgopal to provide patients experiencing miscarriage with a procedure - the same as is provided for abortion. When an advanced practice clinician is providing abortion care, this is after extensive training and mentorship under the guidance of an experienced physician (or, in other states, any provider experienced in abortion care).

My professional organization, the American College of Nurse Midwives, affirms a midwife's ability to provide safe abortion care.[1] ACOG,[2] The National Association for Women's Health Nurse Practitioners,[3] the American Public Health Association (APHA),[4] and the National Academies of Science, Engineering and Medicine,[5] among others, also support advanced practice provision of abortion services. The International Confederation of Midwives (ICM) goes as far to say, a person who "seeks or requires abortion-related services is entitled to be provided such services by midwives."[6]

[1] American College of Nurse-Midwives (ACNM). (2018). Midwives as abortion providers. http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000314/PS-Midwives-as-Abortion-Providers-FINAL-19-Mar-18.pdf

[2] American College of Obstetricians and Gynecologists (ACOG). (2014, reaffirmed 2022). ACOG committee opinion no. 612: Abortion training and education. Obstetrics and Gynecology, 124(5), 1055-1059. 10.1097/01.AOG.0000456327.96480.18 [doi]. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Abortion-Training-and-Education

[3] National Association of Nurse Practitioners in Women's Health. (1991). Resolution on nurse practitioners as abortion providers.

[4] American Public Health Association (APHA). (2011). Provision of abortion care by advanced practice nurses and physician assistants, policy No. 20112. 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

[5] National Academies of Science, Engineering, and Medicine. (2018). The safety and quality of abortion care in the United States. https://nap.nationalacademies.org/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states

[6] International Confederation of Midwives (ICM). (2014). Position Statement: Midwives' provision of abortion related services. https://www.internationalmidwives.org/assets/files/statement-files/2018/04/midwives-provision-of-abortion-related-services-eng.pdf

Let us not ignore the effects our current physician-only law has on rural Pennsylvanians. My patients deserve access to health care, including abortion, and they should be able to have this service provided by their local midwife or advanced practice clinician, a provider they know and trust.

I appreciate the opportunity to share with you the reality of my patients' lives. Thank you for listening to my testimony today.

Respectfully,

Katrina Lipinsky, MSN, CNM, WHNP-BC
She/they

**Kara Pravdo**
**Women's Health Nurse Practitioner**
**WRITTEN TESTIMONY ON HB 697**

My name is Kara Pravdo. I am a Women's Health Nurse Practitioner (WHNP) employed by a large hospital system in Philadelphia in the Division of Complex Family Planning. I submit this testimony in support of HB 697, which would allow me to meet my patients' needs, and fulfill my own professional goals and deeply held values, by providing abortion services. If not for Pennsylvania's ban on the provision of abortions by advanced practice clinicians (APCs), I would already be providing this care.

I have spent over 15 years working in family planning in Pennsylvania, including 6 years as a board-certified Women's Health Nurse Practitioner (WHNP-BC). I received my Bachelor of Science in Nursing from Drexel University in 2009 and my Master of Science in Nursing specializing in Women and Gender Related Health from the University of Pennsylvania in 2016. I have provided a wide range of obstetric and gynecological care in my career. Before receiving my WHNP degree, I served as a Center Assistant at Planned Parenthood and practiced as a Registered Nurse in a hospital-based family planning clinic in Philadelphia. I also volunteered as a full spectrum doula, supporting people through abortion, miscarriage and birth.

Since receiving my advanced degree, I have worked as a Nurse Practitioner at Planned Parenthood and a general OBGYN provider at my current hospital system before becoming a fulltime family planning WHNP four years ago. In each of these positions, I provided a wide range of services to patients, including gynecological exams, screenings and other diagnostic procedures, prescribing medications, and education and counseling. Many of my patients are low-income and uninsured or under-insured. I provide a broad range of reproductive health services, including performing pap smears, which screen for cervical cancer; assessing vulvar and vaginal issues; screening patients for sexually transmitted infections; and prescribing or providing a variety of different birth control options.

I currently provide care for patients experiencing miscarriage that is identical to the care we offer patients needing an abortion. This includes prescribing medication management and performing procedures. When a patient is experiencing a miscarriage, I provide this care independently and completely. However, when a patient comes in for an abortion, I am able to assist by counseling and performing ultrasound but I am not able to hand them the same pill or perform the same procedure I am able to provide a patient experiencing miscarriage.

Although I safely provide comparable miscarriage care, Pennsylvania law bans me from performing abortions because I'm a nurse practitioner. As a result, the number of patients we are able to help is lower. This is especially important in the current landscape where more patients need a safe place to obtain care. Expanding access is essential where I work in Philadelphia and even more urgent in parts of Pennsylvania where there are less Doctors available to provide these services. HB 697 would change that. This common-sense legislation aligns with the vast body of medical evidence confirming the safety of APC provision of abortion care, and would make a huge impact in the lives of Pennsylvania women and people needing abortions.

APCs are clearly qualified to provide abortion care—medical and public health authorities ranging from the American College of Obstetricians and Gynecologists, to the American Public Health Association, to the World Health Organization, have all concluded that laws prohibiting APCs like me from providing abortion services are medically unfounded. APCs have been safely providing abortion care in states across the country for years (and in some cases, decades). In fact, I am currently working with a clinic in New Jersey to start providing abortion care one day a week. Right across the state line it is legal for an APC like me to provide procedural and medication abortion that we are not allowed to provide in Pennsylvania.

The problem isn't just that this law is preventing me and my colleagues from providing services that are well within our scope of practice—it is also harming our patients. They are the reason I am submitting this testimony today. The APC ban causes an undue burden to patients seeking abortion by limiting the number of providers who can safely take care of them in our state. For a patient in a low-wage job with no paid time off, or with significant child care obligations, this is a serious problem. These harms are not hypothetical, we see patients struggling to access care in a safe and timely manner every day.

Whether a patient decides to become pregnant, to continue a pregnancy, or to seek abortion care, they should have access to quality care from a provider in their community. I urge the committee to support HB 697.

Thank you,

Kara Pravdo, BSN, RN, MSN, WHNP-BC

March 25, 2023