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**Statement of Bliss Kaneshiro, MD
Physicians for Reproductive Choice and Health
OB/GYN and Family Planning Fellow**

**To the Senate Committee on Health of the Hawaii
State Senate in support of SB 1111, "Relating to
Family Planning"**

February 9, 2007

Thank you to Chair David Y. Ige and the members of the Senate Health Committee for accepting my statement today.

My name is Bliss Kaneshiro, MD. I am currently a Family Planning Fellow at Oregon Health and Science University. I was born and raised in Hawaii, and completed my medical school and residency training at the University of Hawaii. In September I will be returning to join the Obstetrics and Gynecology Department at the University of Hawaii.

I am also submitting this statement today as a Leadership Fellow for Physicians for Reproductive Choice and Health (PRCH). PRCH is a national nonprofit organization that exists to ensure that all people have the knowledge, access to quality services and freedom to make their own reproductive health decisions. PRCH mobilizes pro-choice physicians to promote, educate and advocate about the importance of comprehensive reproductive healthcare.

As a physician who believes in the power of reproductive health education and choice, I strongly support SB 1111, "Related to Family Planning," and applaud Senators Chun Oakland, Baker, Inouye, Tokuda, Fukunaga, Hanabusa and Kim for their vision and belief in personal reproductive health choices and access to health information.

Last year, the Guttmacher Institute advised Hawaii on the state of its reproductive healthcare services, specifically the availability of family planning services in relation to the state's alarmingly high teenage pregnancy rate. In reaction, the legislature has acted constructively and with alacrity by introducing SB 1111, which would allocate almost \$2.5 million toward the provision of comprehensive family planning services, and more than \$1.5 million for family planning health education and outreach services for the women and men of Hawaii.

These services are invaluable to the citizens of Hawaii, and will greatly benefit their health and standard of living. The health of a population greatly impacts its ability to advance, grow and prosper—progressions we all wish for our societies. The legislature's proposed bill would help bring those goals to fruition, and allow the government to actively and positively provide for its citizens.

Each day of my practice I work with patients with who are faced with important healthcare decisions, and I help them make the best decisions they can for their lifestyle. Just two days ago, I counseled a young woman with an unplanned pregnancy. She already had two children to take care of at home. She was working at a part-time job and was trying to get an associate's degree. After the birth of her last child, she sought contraceptive services, but quickly ran out of the samples her physician gave her. As a young mother and a student, she had no resources to pay for additional contraceptive supplies. The burden of another pregnancy brought her to tears in my office. We currently have the medical knowledge to allow women to choose when and if they get pregnant. When we do not utilize this knowledge because of a lack of funding, the people of our state are left to bear a great emotional and financial burden.

Unfortunately, many Hawaiians do not have access to family planning services and experience many barriers to their healthcare needs. Rural, poor and adolescent populations traditionally face the most obstacles in getting comprehensive healthcare, and in Hawaii this problem is exacerbated by the many islands that make up our state. A Guttmacher report ranked Hawaii 47thⁱ in service ability and 50th in public funding. The report stated that Hawaii has the 12th highest teenage pregnancy rate of any state, and estimated that 62,000 women in Hawaii needed state-sponsored contraceptive services as "they have incomes below 250% of the federal poverty level or are sexually active teenagers." These are women who cannot afford private physician care and whose knowledge of reproductive healthcare issues will be hampered by their lack of financial resources.

The Guttmacher report acknowledged that between 1992 and 2000, Hawaii's teenage pregnancy rate declined by 34%. However, family planning clinics in the state are serving only 15% of all the women in need of publicly supported contraceptive services.

In the United States, about half of all pregnancies are unintended, and 42% of unintended pregnancies are terminated by abortion.ⁱⁱ Family planning services can help prevent the need for abortion. Through the proposed measure, unfettered access to reproductive healthcare services would greatly empower women. The family planning educational programs, outreach programs and increase in contraceptive services SB 1111 would provide could help bring down the number of women without access to such services and teach our teens how to make informed, beneficial sexual decisions.

As the Guttmacher report states, "Every public dollar spent on family planning services saves the federal and state governments three dollars in Medicaid costs for prenatal and newborn care." By passing SB 1111, Hawaii would be taking a responsible step toward providing comprehensive, accessible reproductive healthcare for all its citizens, leaving no population marginalized and vulnerable. I urge the government to embrace its role as an educator, provider and protector, and make comprehensive reproductive healthcare available to the entire population of Hawaii.

Thank you again for accepting my statement.

i Guttmacher Institute. *Contraception Counts: Hawaii*. March 2006. Accessed online on February 7, 2007 at http://www.guttmacher.org/pubs/state_data/states/hawaii.pdf.
Finer LB and Henshaw SK, Disparities in rates of unintended pregnancy in the United States. *Perspectives on Sexual and Reproductive Health*. 2006, 348(2):90-96.
ii Finer LB and Henshaw SK, Disparities in rates of unintended pregnancy in the United States. *Perspectives on Sexual and Reproductive Health*. 2006, 348(2):90-96.