



**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I**  
**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the**  
**Senate Committees on Commerce and Consumer Protection and**  
**Ways and Means**

**Wednesday, February 28, 2024**  
**9:55 a.m.**

**State Capitol, Conference Room 211 and via Video Conferencing**

**On the following measure:**  
**S.B. 279, RELATING TO HEALTH**

Chair Keohokalole, Chair Dela Cruz, and Members of the Committees:

My name is Gordon Ito, and I am the Insurance Commissioner for the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to require Medicaid and insurance coverage of ketamine therapy to treat depression and appropriates moneys for costs resulting from Medicaid coverage of ketamine therapy.

We note that it is unclear whether the amendments in sections 3 through 5 of this bill would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a), or subject to defrayment provisions under 45 CFR § 155.170(b) which apply to benefits "in addition to the essential health benefits."]

Testimony of DCCA

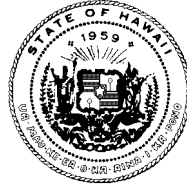
S.B. 279

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For the Committees' information, Hawaii Revised Statutes section 23-51 provides, in part, that "[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, [sic] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]"

Thank you for the opportunity to testify on this bill.

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



CATHY BETTS  
DIRECTOR  
KA LUNA HO'ŌKELE

JOSEPH CAMPOS II  
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DEPUTY DIRECTOR  
KA HOPE LUNA HO'ŌKELE

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
KA 'OIHANA MĀLAMA LAWELAWE KANAKA  
Office of the Director  
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Honolulu, Hawaii 96809-0339

February 24, 2024

TO: The Honorable Senator Donovan M. Dela Cruz, Chair  
Senate Committee on Ways and Means

The Honorable Senator Jarrett Keohokalole, Chair  
Senate Committee on Commerce and Consumer Protection

FROM: Cathy Betts, Director

SUBJECT: [SB 279](#) - RELATING TO HEALTH.

Hearing: February 28, 2024, 9:55 a.m.  
Conference Room 211 & Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent, offers comments, and respectfully proposes an amendment.

**PURPOSE:** This measure requires Medicaid and insurance coverage of ketamine therapy to treat depression. The measure also appropriates moneys for costs resulting from Medicaid coverage ketamine therapy.

DHS appreciates the Legislature's continued investment in and attention to improving the health and environment of the people of Hawaii, particularly the focus on improving access to mental health therapies. All DHS Med-QUEST managed care plans currently cover, at no cost to the Medicaid member, medically necessary Food and Drug Administration (FDA) approved medications when clinical criteria are met. In 2019, the FDA approved Spravato (esketamine) nasal spray, in conjunction with an oral antidepressant, for the treatment of depression in

adults who have tried other antidepressant medicines but have not benefited from them (treatment-resistant depression). Details on the FDA approval can be found [here](#) for reference.

It is essential to know that although esketamine nasal spray was approved for treatment-resistant depression, as referenced above, the FDA also issued a [warning](#) related to the off-label and compounded use of ketamine, stating that

"Ketamine is *not* FDA approved for the treatment of any psychiatric disorder. FDA is aware that compounded ketamine products have been marketed for a wide variety of psychiatric disorders (e.g., depression, anxiety, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder); however, FDA has not determined that ketamine is safe and effective for such uses." (Italic emphasis in the original.)

Consequently, as drafted, the bill is not necessary as Hawaii's Medicaid program already provides necessary coverage for FDA-approved therapies. For that reason, we offer the following amendments to delete references and the application to Medicaid as follows:

- Amend the purpose of the measure at page 1, line 9:  
"The purpose of this Act is to require ~~medicaid and~~ insurance coverage of ketamine therapy."
- Delete Section 2 in its entirety, beginning at page 1, line 11 through page 2, line 2;  
and
- Delete Section 6 in its entirety, beginning at page 3, line 15 through page 4, line 2.

Alternatively, if this measure intends to cover any off-label use of ketamine, no federal Medicaid dollars may be used, and such a program would have to be 100% state-funded.

Thank you for the opportunity to provide comments on this measure.



1401 S. Beretania St. Suite 450  
Honolulu, HI, 96814

Date: 2-23-2024

I testify in support of bill: SB279

Ketamine is the only known treatment proven to reduce suicidal thoughts.

A recent French study (*Jollant et al.*) in the British Medical Journal showed a 70% reduction in suicidal thoughts. This effect persisted for > six weeks. In my clinic I see a response rates of 70-75% for depression, and I have treated hundreds of suicidal patients with success. By comparison most antidepressants, which insurances pay for, have a 40% success rate, **and can even cause suicidal ideations.**

Why are insurances not paying for a more effective treatment that can save lives?

Ketamine is a **vital treatment**, like an asthma inhaler. Should insurances deny emergency life saving treatments like asthma inhalers? Or Epi-pens? Gender transition surgeries were mandated by the same argument.

Many depressed patients from lower income backgrounds are aware their insurance won't pay for ketamine, but will pay for any antidepressant, **of which suicidal ideations are often a side effect.** Many lower income patients are aware that ketamine, which could save their life, is a boutique clinic expense and is only available to the wealthy. Patients pay \$395 out of pocket at our clinic, (or 5-900\$ at other clinics), as it is off-label. Any appeal for coverage to HMSA or UHA is routinely denied. Patients without funds must choose less effective treatment.

This inequity in treatment coverage must be addressed by the legislature.

Denial of coverage makes sense for elective cosmetic procedures, which are not medically-necessary. But a treatment which can save a life?

Because there is no official FDA "indication" of ketamine for depression, **this ambiguity allows insurances to deny coverage.** Insurances typically only reimburse for FDA approved treatments... ketamine is an old anesthetic from from the 1970s that has been "re-purposed" for depression.

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Strangely, there is a brand name version of ketamine called **Spravato** and HMSA will reimburse up to \$1600 per treatment. It was never shown to reduce suicide thoughts, and is inferior to IV ketamine, as shown by multiple recent studies. (Haiyan Lu, 2022, and Thomas Scott MD, 2023). Insurances will reimburse ~\$1000 to Janssen for the brand name spray bottle, and \$600 to the clinic, for a total of \$1600 for an inferior treatment... It is unclear why this is the case, or why appeals for a more effective and cheaper generic treatment are denied...

ER visits for suicidal thoughts are also fully covered by insurances and can cost thousands of dollars for a very un-therapeutic experience. If they are admitted to the psych ward, costs can be five, or even over ten thousand dollars. Approving IV outpatient ketamine would save ER visit costs. We can effectively manage suicidal thoughts in clinics like mine. Our yearly ketamine cost average is 1,500-2,500\$ per severely depressed patient who pays for ketamine.

HMSA and UHA could require a board certified psychiatrist present, and require authorizations proving the urgent nature and diagnosis. Other regulations could be also established.

I am a licensed physician, in state of HI, MD license# 16978, expiration date 1-31-2024. You may call my business line with any questions.

Cordially,

Thomas Cook, M.D.

*ph (808) 457-1082*  
*fax (808) 356-1649*



February 28, 2024

The Honorable Jarrett Keohokalole, Chair  
The Honorable Carol Fukunaga, Vice Chair  
Senate Committee on Commerce and Consumer Protection

The Honorable Donovan M. Dela Cruz, Chair  
The Honorable Sharon Y. Moriwaki, Vice Chair  
Senate Committee on Ways and Means

Re: SB 279 – Relating to Health

Dear Chair Chair Keohokalole , Dela Cruz, Vice Chair Fukunaga, Vice Chair Moriwaki, and  
Members of the Committees:

Hawai'i Medical Service Association (HMSA) appreciates the opportunity to offer comments on SB 279, which will require Medicaid and insurance coverage of ketamine therapy to treat depression.

HMSA recognizes that depression can cause debilitating symptoms, especially for individuals who do not respond to conventional treatments, and we support the appropriate use of ketamine therapy when it is prescribed and administered in a controlled medical setting. However, the legislation, as written, appears to lack specificity regarding utilization management and step therapy, both of which we believe are necessary to ensure appropriate and effective use of this medication.

We respectfully ask that this bill be deferred to allow the State Auditor to first conduct an impact assessment report pursuant to Section 23-51 and 23-51 of the Hawaii Revised Statutes.

Thank you for the opportunity to offer comments on SB 279.

Sincerely,

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations

**LATE**

**SB-279**

Submitted on: 2/27/2024 9:43:25 PM  
Testimony for CPN on 2/28/2024 9:55:00 AM

Submitted By	Organization	Testifier Position	Testify
Robin Martin	Testifying for Kahala Clinic For Children and Family	Support	In Person

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Dr. Robin Martin, I am a psychiatrist who trained and now practice in Honolulu, and am also assistant clinical faculty with the Department of Psychiatry at UH, and I am **in strong support of SB279** which will expand medicaid coverage to include of ketamine therapy to treat depression.

In my profession I see on a daily basis the significant mental health challenges our state is facing, and the limitations of our current treatment paradigms. Major depression is becoming the leading cause of disability worldwide, and suicide is the leading cause of death in the youth of Hawaii. We are in desperate need of new therapies, and increasing access to treatments that are proven safe and effective. Ketamine is one such treatment, and is proven as a rapid acting anti-depressant and anti-suicidal agent. The biggest weapon we have until now in psychiatry has been electroconvulsive therapy (ECT), with has issues with tolerability (memory loss) and stigma. The biggest comparison study of ECT vs ketamine for depression was published last year in the New England Journal of Medicine, where ketamine was shown non-inferior to ECT (was actually superior in many respects), and had less side effects. Most patients would prefer ketamine over a medically induced seizure (ECT), but while ECT is often covered by insurance, ketamine typically is not.

I have seen ketamine work when everything else has not, saving lives and restoring hope to patients and families. Unfortunately this treatment is vastly underutilized due to lack of insurance coverage, requiring significant out of pocket expenses that make this treatment out of reach for many who need it the most. This bill is an important step forward in addressing this issue and helping make available a powerful tool in addressing the mental health crisis in Hawaii. Please support this bill.

Sincerely,



Dr. Robin Martin

Board Certified in Psychiatry and Neurology

**SB-279**

Submitted on: 2/24/2024 3:34:21 PM

Testimony for CPN on 2/28/2024 9:55:00 AM

Submitted By	Organization	Testifier Position	Testify
MARIAN MILLER	Testifying for Marian L Miller PSYD INC	Support	In Person

Comments:

Thank you Senators for providing an opportunity to speak on behalf of SB279.

My name is Dr Marian Miller and I am a Clinical Psychologist and Marriage and Family Therapist in private practice on the island of Oahu for the last 30 years. I am in **Strong Support of SB279**, requiring insurance coverage of ketamine treatments.

This bill is about life or death.

Ketamine has provided profound positive life changing experiences for many of my patients over the last eight years. Some of these patients have been on every single antidepressant medicine that has FDA approval. Many of my patients have treatment resistant depression and have had very serious side effects from these medicines.

Two of my patients are affluent and could afford the medicine. Both of them are no longer on antidepressant medicine. The ketamine protocol provided a life-changing, fully embodied experience. They no longer are suicidal, chronically depressed and their post traumatic stress disorder symptoms are no longer debilitating. Another patient of mine who has a terminal illness and deep depression saved up her money to be able to afford a ketamine treatment.

She reported to me afterwards that she no longer fears death. During the ketamine treatment she experienced a healing spiritual presence. This patient returned to her community and family with a peacefulness and acceptance of death that allowed her to truly live in the moment with the time she had left.

The infuriating part for me, is that only folks that have the financial resources can take part of the ketamine protocol. **Most patients CANNOT AFFORD IT.**

Ketamine should not be an opulent or wealthy only treatment. Ketamine is a relatively “old” drug, with a reliable history of use in a medical setting. There are many studies that have proven in a controlled medical environment injectable and IV protocols are statistically significant in treating and resolving many psychiatric diagnosis. The key word here is **RESOLVED.**

It breaks my heart that so many of my patients cannot take part of this medicine.

I think of all the folks in our community that have died from suicide or a co-morbid related aspect of the psychiatric illness that are not here today. They could have benefited from this treatment protocol and potentially still be with us today. These are our colleagues, our friends, our O’hana.

Please support this bill and be a leader in health, wellness and healing for our community.

Mahalo for your time and support.

Dr Marian Miller

**SB-279**

Submitted on: 2/24/2024 12:35:14 PM

Testimony for CPN on 2/28/2024 9:55:00 AM

Submitted By	Organization	Testifier Position	Testify
Ashley Yamashita	Individual	Support	In Person

Comments:

**Aloha, Chairs, Vice Chairs, and members of the Committee.**

**My name is Ashley Yamashita, I live in Kailua here on Oahu.**

**I am testifying as an individual in strong SUPPORT of SB279, requiring insurance coverage of ketamine treatments.**

**I am a Certified Nurse Assistant, Mental Health Technician, and I currently work as a Physician's Practice Assistant at Queen's University Health Systems on Punchbowl.**

**In my experience working within our community, I see, every day, the need for alternative mental health treatments and therapies.**

**As someone who lives with PTSD, and Major Depressive Disorder, also known as Treatment Resistant Depression, I cannot express the impact Ketamine therapy has had on my life. Previously, I have taken many SSRIs, and had to discontinue use due to no therapeutic relief, a myriad of side effects, and, in one case, I had an experience with the BLACK BOX Warning most SSRIs are accompanied with.**

**I also attempted a round of Transcranial Magnetic Therapy, which consists of applying a series of short magnetic pulses to stimulate nerve cells in areas of the brain known to be associated with major depression. Treatment takes place 5 days a week for 6 weeks, followed by 2 weeks of treatment for 3 days a week equalling a total of 36 sessions. Traditionally, treatments are approximately 15 minutes in length but due to no improvement in symptoms, I was placed on a longer treatment session regimen of 30 minutes per session halfway through therapy. Treatments weren't comfortable and I had to wear a mouth guard to protect my teeth from cracking together or breaking during the pulses.**

**After all other options were exhausted, I tried Ketamine therapy. Treatment is painless, takes only a couple hours at most, and I experience immediate relief from my symptoms. A relief I never thought possible. Ketamine therapy has changed my life. It has given me hope and opened a door within myself that liberated me from the crushing weight of my diagnosis. The only negative of this treatment is the cost. I do not go out to eat or go on vacation, and I live a frugal lifestyle. This is not to say that I am not blessed. By doing these**

**things I can afford treatment and a freedom from my symptoms I had previously never thought possible.**

**Others suffering from this diagnosis may not be as blessed as I or even consider this treatment as an option because of the cost. Ketamine therapy should not be an unattainable luxury. Relief from an illness should be a basic human right. There are so many people in our community that could benefit from these treatments and unfortunately, there are many people who have succumbed to their sickness and are no longer with us because they could not afford treatment.**

**Please support this bill and the healing of our community.**

**Mahalo for your time and consideration.**

**Ashley Yamashita**

Aloha mai kakou e Chair, Vice Chair, and Members of the Committee,

I am testifying in support of measure SB279.

I currently work for Hawai'i Pacific Health in Orthopedic Sports Medicine and volunteer for various health organizations on the islands, including Waimanalo Health Center and Hawai'i H.O.M.E Project which offers free medical care to the houseless and homeless populations on O'ahu. I have previous years of experience in mental health as a Director at SoundMind Institute, an organization providing training, treatment, and research in psychedelic medicine. Additionally, I am studying to earn my medical degree (M.D.) and practice la'au lapa'au (traditional Hawaiian herbal healing).

I have had the privilege of witnessing many individuals and families benefit from the responsible and intentional use of ketamine-assisted therapy for deep healing from conditions like treatment-resistant depression and post-traumatic stress disorder (PTSD). Most conventional antidepressants, which insurances pay for, have about a 40% success rate, and can even cause suicidal ideations, whereas response rates for ketamine-assisted therapy have been shown to be as high as 70-75% for depression.

Many patients suffering from depression from lower income backgrounds are aware their insurance will not pay for ketamine-assisted therapy, but will pay for traditional antidepressants such as SSRIs, SARIs, SNRIs, TCIs, to name a few, which can result in many unwanted, negative side effects, including suicidal ideations. Many lower income patients are aware that ketamine, which could save their lives, is a concierge medicine expense and is only available to the wealthy. Any appeal for coverage to HMSA or UHA is routinely denied. Patients without such means are thus forced to default to less efficacious treatment.

This inequity in treatment coverage must be addressed by the legislature if we are to work toward a more equitable, just, and healthy society.

As a medical professional and individual who has witnessed others as well as personally benefitted from this therapeutic option, I urge you to support the measure, which calls for Medicaid and insurance coverage of ketamine-assisted therapy in responsible, medical contexts.

Thank you for your time and consideration.

Oriana Filiaci, M.A.

**SB-279**

Submitted on: 2/25/2024 2:38:10 PM

Testimony for CPN on 2/28/2024 9:55:00 AM

Submitted By	Organization	Testifier Position	Testify
Kevin Martin	Individual	Support	Written Testimony Only

Comments:

To Whom It May Concern,

Hi my name is Kevin Martin and I'm a thirty-three year old US Army veteran and Purple Heart recipient. For years, I struggled to find effective solutions to my rapidly deteriorating mental health. It felt like an endless battle against PTSD, depression, and suicidal ideations until I crossed paths with Dr. Cook of Beyond Mental Health. Under the care of Dr. Cook, I underwent ketamine-assisted psychotherapy, and it transformed my life for the better. Over the course of two years, I received 18 treatments, and the impact was profound. I found relief from debilitating nightmares, experienced a significant reduction in impulsivity, and gained better control over my emotions.

Today, I have so much to be thankful for. I'm happier, healthier, and wealthier I ever dreamed of being. This is a radical departure for someone who felt hopeless for many years. Moreover, I am known as a reliable friend, trustworthy neighbor, and valuable employee - all of which things I was not capable of prior to engaging in Ketamine therapy.

We are currently facing a mental health crisis in our country, exacerbated by the negative influence of social media and a lack of action from our elected officials. I firmly believe that without the opportunity to undergo ketamine-assisted psychotherapy with Dr. Cook, I would not be alive today.

I am submitting this testimony with a plea for action—to urge insurers to cover ketamine therapy. For too long, our elected representatives have allowed corporations and the medical industry to dictate the terms of mental health care. It's imperative to understand that the path to addressing our society's collective mental health crisis lies in the regulated use of treatments like ketamine-assisted psychotherapy.

Sincerely,  
Kevin Martin

**SB-279**

Submitted on: 2/26/2024 1:45:01 PM

Testimony for CPN on 2/28/2024 9:55:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Patricia Lani Lee	Individual	Support	Written Testimony Only

Comments:

Aloha. I strongly support SB279. I have suffered from major depressive episodes since 2001. By 2021 I had been in talk therapy for 20 years and was taking the maximum effective dose of both Lexapro and Bupropion. I was still barely getting through most days. On "good days" I could function during the morning. On bad days, I could barely get out of bed.

With the help of my wonderful PCP, Dr. Sarah Canyon in Kailua, I was able to meet with Dr. Tom Cooke of Beyond Mental Health in Honolulu. In consultation with Dr. Cooke and his staff, I had four injections of ketamine over two weeks at his clinic. The experience was absolutely professional with appropriate safety protocols in place. The effect on my depression was almost immediate. Within a week, I was motivated and productive. I no longer take any standard anti-depressant medications and feel better than I have in decades. Ketamine treatment feels like a miracle.

I returned to Beyond Mental Health after a year for two more follow-up injections and will likely continue to need occasional "boosters" to maintain my equilibrium.

I am so fortunate that I could afford to pay out of pocket for this treatment. I feel that it is unfair to deny this proven treatment to people - even people with good health insurance - simply because they cannot afford it. I try not to think of all the time and productivity that I lost to my disability because I did not get ketamine treatment sooner. How many other people are not able to contribute their efforts and talents to our State because the treatment that they need is not covered by their insurance and is too expensive for them to pay out of pocket? How much is it costing our State to not have its people performing up to their full potential?

I strongly support this measure and hope that it passes so that this life-altering treatment is available to all - not just to those of us who can afford it. Mahalo for your attention.

Patricia Lani Lee



**SB-279**

Submitted on: 2/26/2024 6:58:15 PM

Testimony for CPN on 2/28/2024 9:55:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Linda Elento	Individual	Support	Written Testimony Only

Comments:

Aloha, Treatment with Ketamine is effective but cost-prohibitive without health insurance.

Thank you for the opportunity to provide testimony.

**SB-279**

Submitted on: 2/25/2024 6:17:33 PM

Testimony for CPN on 2/28/2024 9:55:00 AM

Submitted By	Organization	Testifier Position	Testify
Robert Patterson	Individual	Support	Written Testimony Only

Comments:

I'm writing in support of bill SB279, I am a resident of the Diamond Head Area of Oahu. I want to emphasize the crucial need for insurance companies to cover ketamine treatments for depression and suicidal ideation. This bill addresses a significant gap in mental health care, especially for those from lower-income backgrounds. Ketamine has been a game-changer in treating depression and suicidal thoughts, with studies like Jollant et al. in the British Medical Journal showing a 70% reduction in suicidal thoughts, a rate significantly higher than traditional antidepressants. There are reports remarkable effects of ketamine for treatment resident depression , helping hundreds of patients where other medications have failed. Despite its efficacy, ketamine is not widely accessible due to insurance companies' refusal to cover it. This creates a glaring inequity in mental health treatment. While wealthier patients can afford the out-of-pocket costs, many from lower-income backgrounds cannot, despite being aware of ketamine's potential benefits. It's unjust that a person's financial status determines their access to life-saving treatment. The current insurance policies are perplexing, especially when considering treatments like Spravato, a branded version of ketamine. Despite being more expensive and less effective, Spravato is covered by insurance, whereas generic ketamine, a more affordable and effective option, is not. This discrepancy is hard to justify and seems to prioritize pharmaceutical profits over patient well-being. Moreover, covering ketamine treatments would be cost-effective for insurance companies. The expense of emergency room visits and psychiatric hospitalizations for suicidal patients far exceeds the cost of ketamine treatments. By offering ketamine as an outpatient option, we could significantly reduce healthcare costs while providing more effective care. The argument for covering ketamine treatments is similar to that for other life-saving interventions like asthma inhalers or Epi-pens. These treatments are covered because they are essential for the patient's well-being and survival. Ketamine should be viewed through the same lens. In conclusion, SB279 is not just a bill; it's a call to action to rectify a significant injustice in our healthcare system. It's about giving all patients, regardless of their economic status, access to the most effective treatments available. Generic Ketamine options are low cost and easy to integrate into existing practices or health care settings. Denying coverage for ketamine is not just a financial issue; it's a moral one. It's time for our legislation to reflect our commitment to mental health and equality in healthcare access.

Thank you, Robert Patterson



**SB-279**

Submitted on: 2/26/2024 4:15:50 PM

Testimony for CPN on 2/28/2024 9:55:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kailani Fano	Individual	Oppose	Written Testimony Only

Comments:

I am submitting testimony in strong opposition of SB279 for several reasons.

1. Our kids are not mentally ready to make decisions for their health on their own, especially permanent decisions. In most cases don't have the knowledge or maturity to decide things that could affect the rest of their lives.
2. Allowing children to have procedures done such as abortion or gender "affirming" services could be emotionally and mentally damaging to a child. I can't imagine a 14-17 year old going through an abortion without parental support. That's neglect and abuse. Who is going to make sure the child is cared for physically, emotionally, and mentally during and after the procedure? Who's going to make sure the child has the proper post procedure care?
3. This bill totally disregards parental rights and puts the responsibility into the hands of the state, essentially saying that law makers know better than parents what is right or wrong for their child. This is way beyond a states rights. This bill is an attack on parents and families and has very little to do with gender and reproductive health.
4. The state doesn't have the resources necessary to make sure children are cared for mentally, physically, or emotionally during or after treatment, There aren't enough resources available for children that are currently in state care. The state shouldn't try and take over care of children that are already being cared for.

Please stop pushing this bill forward and turn your time and tax payer money toward issues that really matter to your constituents. We need you to address cost of living, homelessness, and crime.