



March 1, 2020

Terri Goldberg, Acting Executive Director State Board of Medical Examiners PO Box 183 Trenton, New Jersey 08625-0183

Comments on Division of Consumer Affairs State Board of Medical Examiners Notice of Proposed Amendments to 53 N.J.R. 12(a), Surgery, Special Procedures, and Anesthesia Services Performed in an Office Setting

Dear Acting Executive Director Goldberg:

I am writing on behalf of the New Jersey Health Care Quality Institute to provide comments on the Board of Medical Examiners' January 4, 2021 rule proposal at 53 N.J.R. 12(a), Surgery, Special Procedures, and Anesthesia Services Performed in an Office Setting.

The New Jersey Health Care Quality Institute is an independent, nonpartisan advocate working in New Jersey to promote accountability and transparency in health care. Our mission is to improve the safety, quality, and affordability of health care for everyone. Access to reproductive health services, including contraception and abortion care, is a priority area of the Quality Institute as we understand that these essential health care services promote positive individual and public health outcomes and most importantly, increase an individual's ability to make decisions about their reproductive health that are best for themselves and their families.

Reproductive health care services should not be subject to additional regulations or limitations that are not based in medical evidence and do not increase access and quality for patients. As such, we strongly support efforts to make reproductive health care, including abortion care, more accessible in the state of New Jersey, and appreciate that the proposed rule does that by modernizing the state's regulations around abortion care. Abortion is an incredibly safe medical procedure, and we are grateful to see the Board's regulations are being updated to reflect the latest scientific evidence.

In particular, our public comment is supportive of the Board's proposal to repeal *N.J.A.C.* 13:35-4.2 in its entirety and remove restrictions on where and by whom certain types of abortion care is provided. We agree with and commend the Board in its conclusion that "current restrictions in Rule 4.2 are medically unnecessary, do not protect patients' health or safety, and restrict access to abortion care in New Jersey." This specific change to the proposed rule would also allow advanced practice clinicians, like nurse practitioners, physician assistants, certified midwives, and certified nurse midwives to provide abortion procedures – which is congruent with evidence and recommendations from major public health organizations. This would increase access to abortion care, particularly for communities already facing significant systemic, economic, and logistical barriers to care and will allow these trusted providers to play a greater role in expanding access to reproductive health care.

In addition to the proposed changes, additional improvements to these regulations can be made to further increase access to reproductive health services in New Jersey, including:

- Allowing advanced practice clinicians to provide moderate sedation as part of providing abortion care:
- Streamlining the new category of abortion services defined in the regulations to simply be named "abortion without anesthesia services";
- Aligning the definition of moderate sedation with the American Society of Anesthesiologists' definition;
- Ensuring that transfer and ambulance agreements are not a barrier for abortion providers; and
- Ensuring that both the procedure and anesthesia privileging process works for abortion providers and doesn't create additional barriers to access.

We encourage the Board to work in partnership with public health, medical organizations, and patient advocates in order to center the experiences of patients and providers who are most directly impacted by these changes. Doing so will ensure the rules don't create unintended new barriers and instead fully and effectively increase access to care.

As other states are, unfortunately, pursuing strategies that limit individuals' access to time-sensitive reproductive health care, including abortion, we commend the Board for taking these evidence based steps to remove unnecessary barriers to comprehensive reproductive health care in New Jersey.

I thank the Board for its attention and consideration of these comments.

Sincerely,

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