

15 March 2005

Chairman Jim Morrison  
House Health and Human Services Committee  
300 SW 10th Ave. Room 171W  
Topeka, Kansas 66612-1504

Dear Chairman Morrison and Committee Members:

My name is Julie Burkhart and I am the executive director of ProKanDo, which is a pro-woman, reproductive rights organization. Thank you for affording me to opportunity to address the committee regarding HB 2503.

This bill, "Targeted Regulations Against Abortion Providers," has appeared, in a variety of forms around the United States for the past several years. This is the third year in which I have testified against this particular bill and the fourth year it has appeared before the legislature. HB 2503 originated in Arizona and was subsequently passed in 1999; however, it was enjoined shortly thereafter and as a result, has never been enacted. In the State of Kansas, we are facing the same scenario that Arizonians have faced: the potential to spend thousands of dollars on litigation in defense of a prejudicial bill.

For those who are unsure about the origin and intent of this bill, please make no mistake, the sole purpose of this bill is to further limit the number of abortion providers, thus restricting health care services to women, with punitive, detrimental measures that increase costs and restrict the surgical healthcare options. Simply, the facts do not substantiate the necessity for this bill.

For example, the Health Care Stabilization Fund reports that payout between fiscal years 2000-2004 for medical malpractice, specifically relating to abortion, was 1.35%. The total malpractice payout for other medical procedures during those years was \$91,550,800.22. Turning to the State Board of Healing Arts, between 1999-2004, 925 complaints were filed against M.D.'s and D.O.'s. Out of those complaints, abortion physicians represent 0.76% of all complaints. Additionally, if the public health and welfare are threatened because abortion clinics are not operating under these proposed prejudicial guidelines, why then is there not an outcry about the public health and welfare for those who receive other office-based surgical procedures such as breast augmentation and reduction, liposuction, hernia repairs and knee arthroscopies – just to name a few? In fact, the American Society of Anesthesiologists states that, "By the year 2005, an estimated 10 million procedures will be performed annually in doctors' offices..."

The fact about abortion is that it entails half the risk of death involved in a tonsillectomy, one-hundredth the risk of death involved in an appendectomy and one-tenth the risk of death associated with childbirth. Of women who have first trimester abortions, 97% report no complications, 2.5% have minor complications and less than 0.5% require additional surgical procedure or hospitalization.

I would like to clear up a misperception that some might have regarding abortion clinics and current regulations because there's been a lot of talk about clinics going unsupervised and operating out of arms length of any regulatory authority. Presently, clinics adhere to the federal rules and regulations set up by the Health Insurance Portability and Accountability Act

(HIPAA), Occupational Safety & Health Administration (OSHA) and Clinical Laboratory Improvement Amendments (CLIA). All clinics operate with a licensed physician or physicians in the State of Kansas who are subject to disciplinary actions if and when warranted. Physicians also carry malpractice insurance.

If we're really concerned as a society about reducing the number of abortions, then the legislature should seriously consider a bill that would allow marketing Emergency Contraception (EC) as an over the counter drug and to provide educational materials so that the broader population has knowledge of EC. For those of you who are unfamiliar with medication, if it is within 72 hours of unprotected sex, an unintended pregnancy can be avoided, thus, lowering the need for abortion services. Additionally, we can also work to provide contraceptive equity so that women will not have to bear the brunt of the cost for contraception. We can also work to make sure that girls and women receive comprehensive sex education so they will be able to make the best decisions for themselves, which will be line with their moral convictions. These are just a few things that the legislature could do if the intent is to reduce the number of abortions performed each year.

The American College of Obstetricians and Gynecologists has publicly stated that, "Abortion is a confidential, medical matter that should be protected between the physician and their patient. The intervention of legislative bodies into medical decision-making is inappropriate, ill advised, and dangerous. Women who wish to obtain an abortion should be unencumbered by obstacles such as: ...stricter facility regulations for abortion than for other surgical procedures of similar risk."

In conclusion, this bill is bad for women and is bad for the "smaller" abortion providers. Quite clearly, this legislative measure is intended to restrict abortion even further by eliminating several small practitioners who safely do abortion procedures in their office-based practices. I urge you to oppose this bill, as it is purely political, misogynistic and does not respect the intellect of women in this state to decide what is best for themselves and their families.

Sincerely,

Julie Burkhart