

My name is Sarah London. I am the Kansas Public Affairs Director and Lobbyist for Planned Parenthood of Kansas & Mid-Missouri. Thank you, Chairman Morrison and members of this committee, for giving me the opportunity to discuss HB 2503 and my opposition to it.

Planned Parenthood operates three health centers in Kansas, in Wichita, Hays, and Lawrence. We also operate eight centers in Missouri. We are affiliated with Comprehensive Health of Planned Parenthood of Kansas & Mid-Missouri in Overland Park, an ambulatory surgical center licensed by the Kansas Department of Health and Environment (KDHE). Comprehensive Health provides comprehensive reproductive health services, including abortion care. In 2004, Planned Parenthood provided family planning and related care to over 30,000 women and men; comprehensive health provided abortion care to 4,000 women.

Today I would like to clear up some possible misconceptions about healthcare regulations, in order to demonstrate how unfair and unprecedented HB 2503 truly is. I would also like to draw some distinction between Planned Parenthood's medical guidelines and the restrictions presented in HB 2503. Finally, I would like to suggest better ways to protect women's health through preventing unwanted pregnancies, rather than making abortion services more expensive and less accessible.

This bill singles out abortion for extra regulation without credible justification.

Let's put this into context. The Kansas Department of Health and Environment governs hospitals and ambulatory surgical centers. KDHE issues licenses to both types of facilities and conducts periodic inspections to ensure compliance. No doctors are required to license their facilities to perform outpatient surgery. According to KDHE, the most common reason for obtaining a state license is to qualify for third-party reimbursement. Furthermore, there are no medical procedures, including outpatient surgeries that must be governed by KDHE.

The Board of Healing Arts governs all doctors. They have the authority to revoke or suspend licenses, as well as impose limitations when professional standards of conduct are not met. BHA governs gynecologists, podiatrists, general practitioners and many other specialties. BHA recently adopted the KMS guidelines for outpatient surgery, which apply equally to all procedures.

Clinics currently 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). Clinics follow state and local health department rules, as well as the rule of national accrediting agencies, including the National Abortion Federation (NAF) and the American College of Obstetricians and Gynecologists (ACOG).

A few very important points to consider:

1. No medical procedures in Kansas have regulations similar to 2503. These rules are prejudicial, unfair and unjustified.
2. Doctors choose to obtain a state license, usually for third-party reimbursement. There is no requirement for any type of outpatient procedure to be performed in a state-licensed facility. HB 2503 sets a new precedent of state micromanagement for one procedure.
3. Doctors adhere to professional standards of care, national and state guidelines, and federal regulations. Any more regulation should encompass all outpatient surgeries equally.

If proponents of HB 2503 are interested in protecting women's health, why aren't we regulating office-based surgery to protect Kansans getting face lifts?

Planned Parenthood guidelines vs. HB 2503

I want to dispel the fiction that HB 2503 simply reflects Planned Parenthood's standards. We have compared HB 2503 with our *Manual of Medical Standards and Guidelines*. While some of the standards are similar, there are many substantial differences. HB 2503 is modeled after legislation passed in Arizona in 1999. Our manual is revised at least annually and usually more often. The current version was updated in August 2003. The "standards" in HB 2503 are thus already five years out of date. HB 2503 is currently seven pages long; the abortion care section of our manual is 34 pages, with many additional attachments.

Most importantly, however, a statute regulating the practice of medicine is vastly different than medical standards and guidelines in three other ways.

First, medical standards are established by medical experts. HB 2503, in contrast, was developed by medical laypeople for purely political reasons. Planned Parenthood's national medical committee, comprised of forty distinguished physicians, nurses and other leading health professionals establishes Planned Parenthood's standards. The committee includes experts in all areas of reproductive health, including obstetrician/gynecologists, endocrinologists, gynecologic oncologists, surgeons, pharmacists, anesthesiologists, pathologists and others.

How many of you or your colleagues – or lobbyists for Kansans for Life – have similar credentials?

Second, medical standards are revised constantly because medical practice and technology change constantly. Planned Parenthood's medical committee meets throughout the year to evaluate the latest advances in medical technology and practice. They review the professional literature. They review the latest findings of the FDA, AMA, ACOG, NIH, CDC and other professional advisory groups. All this is considered when updating the *Manual of Medical Standards and Guidelines*. The Kansas Legislature, in contrast, meets annually for about 90 calendar days, followed by a three to eleven day wrap up session.

If HB 2503 is enacted, will the Kansas Legislature meet throughout the year to update it? The Arizona Legislature apparently has not. As only one example, HB 2503 – again, modeled on Arizona's law – requires "ultrasound equipment in those facilities that provide abortions after 12 weeks' gestation". Planned Parenthood's standards now require ultrasound in first trimester procedures in several circumstances. At Comprehensive Health, ultrasound evaluations are performed before every abortion.

The standard of care has and will continue to change. How quickly will the Kansas Legislature convene to change HB 2503 when magnetic resonance or computerized tomography techniques evolve to replace gynecologic sonography? Will you even know when that change is needed?

Third, medical standards advise practicing physicians on the latest advancements in medicine and advise them on standards of practice. But they always respect the responsibility of the treating physician to assess each patient in each situation and to apply his or her professional judgment. This bill does neither. Instead, it mandates standards, which may quickly become out of date and does not provide the physician to use his or her professional judgment that the patient requires something different. The American College of Obstetricians and Gynecologists has written *Guidelines for Women's Health Care*. Within the manual it states, "The information in *Guidelines for Women's Health Care* should not be viewed as a body of rigid rules. The guidelines are general and intended to be adapted to many different situations..."

Variations and innovations that improve the quality of patient care are to be encouraged rather than restricted...”

Rather than single out abortion care, we should focus on making all surgery safer. The Kansas Medical Society recently published its *Guidelines for Office-Based Surgery and Special Procedures*. A twenty-one-member task force, representing twelve medical specialties, developed the guidelines after reviewing guidelines and materials from other states and national medical specialty organizations. The Kansas Board of Healing Arts subsequently adopted those *Guidelines* in October of 2002. They are far superior to HB 2503 because they apply to all medical specialties; they were written by physicians, who know best how to practice medicine; and they are professional standards and guidelines.

Prevent unwanted pregnancies to protect women’s health.

In addition to abortion care, Planned Parenthood is committed to help men and women with family planning. Through community and peer educators, we strive to give teens and parents information about reproductive health and sexuality and to help them make informed and decisions about relationships and sexual behavior. Our experts keep up to date on the best strategies to prevent unwanted pregnancies—the best way to protect women’s health.

All outpatient surgical procedures carry risk. Ideally, women would not have to seek abortions in the first place. As Senator Hillary Clinton recently said, it is a sad and tragic choice for many women. If this committee would like truly reduce the number of abortions in Kansas, we have several suggestions:

First, we could provide more information about and access to emergency birth control, or EC. If taken up to 72 hours after unprotected sex, EC can prevent an unwanted pregnancy.

Second, we could enforce our state law that requires comprehensive sex education so that our young people will have facts about protecting themselves.

Third, we could enact “contraceptive equity,” which would require insurance companies to cover birth control if they cover other prescription drugs.

All three of these measures could prevent unwanted pregnancies in Kansas and reduce the number of abortions in our state. All of these measures would do more to protect women’s health than HB 2503. I would be happy to work with the committee to move forward on these critical health issues.

You heard testimony from advocates with a single agenda—to close clinics providing abortion in Kansas. Where is the objective indication of any problem or the proof that abortion, above all other medical procedures must be regulated by the Kansas Department of Health and Environment? All independent data from KDHE, CDC and the Healthcare stabilization fund point to the safety of abortion care in Kansas—above all other surgical care.

No one advocates more strongly for women’s health than Planned Parenthood. No one is more committed to protecting women’s health than Planned Parenthood. No one provides women’s health care more safely than Planned Parenthood.

Let’s be honest. Protecting women’s health is not the true intention of HB 2503. It is part of the effort by opponents of abortion to make abortion more expensive and less available.

HB 2503 is deceptive and opportunistic. It is bad public policy and does not deserve your support.

