

Testimony in support of HB 2503
House Health and Human Services Committee
Tuesday, March 15, 2005

Chairman Morrison and Members of the Committee:

Good afternoon, I am Jeanne Gawdun, lobbyist for Kansans for Life. I am here to testify in support of HB 2503, now known as the Women's Health Protection Act. This bill would enact safety regulations for abortion clinics that must be met for the business to operate. This is a bill where licensing follows KDHE inspection, in contrast to the state Board of Healing Arts, which licenses physicians and allows them to stay in business even when deficient.

The main problem addressed by clinic licensing is the INADEQUACY of the Board to protect women. The entire state system of safety, particularly in abortion clinics, relies on low-wage earners being smart enough to know what's wrong, and then having the inner resolve to find the proper authorities and pursue it.

Since the Board is structured without the ordinary ability to inspect doctors' offices and clinics, they rely on patients or clinic staffers to blow the whistle on problems. Restated, the safety of women depends upon patients who want to forget about their abortion or staffers who don't want to jeopardize their jobs. No wonder whistle-blowers are rare.

As reported in the New York Times, abortionists employ cheaply paid-rapid turnover staff with little medical training. Non-medically trained workers really aren't aware of oversight boards. (This was the case for the girl who eventually took these clinic photos; she has common sense but no high school diploma.) In contrast to those employed in mainstream physician offices, high numbers of staffers in abortion clinics aren't always trained in the duty to report problems and in conveying patient rights—as noted by KDHE. In 2002, they found the Overland Park Planned Parenthood had failed Ambulatory Surgical Center regulations to inform patients of grievance policies and to have a policy for reporting abuse, neglect or exploitation of patients. (They also cited Planned Parenthood deficient in over a dozen ways, including outdated drugs and violations of privacy for patient files.)

The provisions of this Women's Health Protection Act are based on the published standards of the abortion industry. Thus opponents raise a ridiculous claim that adopting licensing standards-- that the abortionists are already supposed to be following --will drive them out of business! Furthermore, opponents argue that implementing their own industry standards is an unacceptable burden! In the 2003 hearings for this bill, Planned Parenthood admitted that they "nearly met" their own standards. Amazingly, abortion has enjoyed mainstream acceptance without providing mainstream standards.

In 2004, Planned Parenthood's director said, "If a licensing bill is solely directed at abortion clinics, it's totally unacceptable." But the Courts repeatedly say otherwise when allowing similar licensing bills in Louisiana, Texas, Tennessee, South Carolina and

Arizona. Those Courts reflect the 1992 Casey decision, in which the Supreme Court declared that the State has every right to protect women' health by regulating abortion clinics; "abortion is a unique act... fraught with consequences for others
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Abortion is NOT like other medical procedures. Regulating abortion alone is NOT unfair. The state regularly legislates piecemeal—it's not all-or-nothing in other areas.

The politics are amazing for a bill to license seven clinics with regulations that are already basically written. The second year this bill was worked in the House, the fiscal note nearly doubled to \$291,000 though no provision had changed. Then an amazing fiscal note was published of \$160, 000 for the alternative bill which would attempt to regulate EVERY doctor office in the state. Why is the estimate for thousands of offices less than that of seven? It isn't--the actual estimated cost of regulating all offices was "incalculable" according to KDHE's Joe Kroll.

The desire to avoid oversight is understandable when we see evidence of assembly line clinics. The shortcuts made by abortionists were consistently observed by whistleblowers (see documents submitted by KFL). A lack of equipment for monitoring and sterilizing was accompanied by staffing and sanitation shortcuts. What other service has kept the same price for over 30 years—the price of an early abortion remains \$250-\$300! The need for cutting corners opposes the requirements for safety.

For Rajanna, the abortionist whose clinic is pictured, the Board of Healing Arts found pre-drawn syringes, declared he was not in compliance with medical standards and ordered him to keep his patients in a recovery area for an hour. These are some of the same complaints they found against Rajanna's former co-abortionist, Kristin Neuhaus. In both cases, they cited abortionists as substandard but then allow them to stay in business. In fact, after the Board declared Neuhaus an "imminent danger to the public", the Board never closed her. They even bragged they never forced her to close.

It is obvious that the Board is failing to protect women at abortion clinics. What the Women's Health Protection Act does is make the abortion industry accountable to their own stated standards-- without relying on reports from abortion staffers and videotapes of ambulance runs to the hospital. Kansans for Life urges you to pass HB 2503 favorably out of committee. Thank you, I stand for questions.