

Testimony of Laura Kenny, M.D.
House Federal and State Affairs Committee
House Bill 2751 – Abortion Clinic Licensing
February 16, 2004

Mr. Chairman and Members of the Committee, Thank you for this opportunity to address you regarding HB 2751.

I'm Dr. Laura Kenny. I'm a Board Certified Obstetrician/Gynecologist with 14 years of private practice experience in Overland Park. For the past three years I have held an administrative position with a managed care company. A significant part of my current role involves quality improvement and quality oversight of the providers of health care.

I'm submitting this testimony today because I am concerned about the quality of care that women are receiving when they undergo abortions and the lack of quality oversight surrounding this procedure.

Abortion is one of the most frequently performed surgical procedures in this state, yet it is one of the least regulated. All other surgical procedures that I know of that require the same degree of skill and carry the same amount of risk as abortion, are performed in licensed facilities or hospitals, where they are required to meet certain quality standards and are subjected to peer review. The techniques that are used to perform abortions, specifically D&Cs or D&Es, are the same techniques that obstetrician/gynecologists use to empty the uterus when a woman's baby dies or when the woman has an incomplete miscarriage.

Reputable Ob/Gyns doing these procedures would thoroughly examine the patient prior to the procedure, use well-maintained equipment, work with properly trained staff, and have a protocol for managing unexpected complications. When these procedures are performed on women who have lost their pregnancies, they are virtually always done in outpatient surgical facilities or hospitals because there is risk associated with them. They are done in facilities which are regulated by the KDHE, which are subjected to inspections and are held to specific quality standards. Emptying the uterus of a pregnant woman, whether the fetus is alive or dead, is not a simple low risk procedure.

Abortions, for a number of reasons that don't have anything to do with the difficulty of the procedure or the risk associated with the procedure, are usually performed in physician offices or clinics. These abortions carry the same risk of injury or death as the surgical procedures which are being performed in outpatient surgery centers or hospitals, yet there is currently no mechanism to monitor or regulate what is happening in physician offices or clinics from a quality stand point.

Women believe that legal abortion equals safe abortion. They believe that the quality standards that apply to other surgical procedures also apply to abortion. In reality while we have made abortion legal, we have not made it any safer than it was when it was not legal. Legal abortion does not equal safe abortion.

Only adherence to sound quality medical standards and guidelines will reduce the risk inherent in the surgical procedures themselves that are used for abortion. Currently, abortion procedures remain free from the type of review, regulation, and accountability that is an integral part of the rest of the medical profession. Abortion services for the most part remain out of the medical mainstream and as such are not subjected to the same scrutiny as virtually all other surgical procedures. Unfortunately, this lack of accountability has allowed some providers to place women seeking abortions in very dangerous positions.

HB 2751 would establish regulation and accountability for clinics and offices where abortions are being performed. This bill outlines the minimal standards required to provide quality care to women and gives the KDHE the ability to enforce these standards. The standards set forth in this bill are the same standards set forth by Planned Parenthood, the National Abortion Federation, and the American College of Obstetricians and Gynecologists. Any reasonable physician providing quality care to women should be meeting these standards already.

These are not standards that are difficult to attain. They are basic quality requirements that can be accomplished by physicians providing abortions in their offices or clinics.

For example, the bill requires the clinic to have personnel trained in CPR. It requires the physician to have admitting privileges at a hospital and be able to admit a patient if a complication occurs. It requires the staff to check the patient's blood count prior to the surgical procedure. It mandates proper sterilization of equipment and proper medical supervision of patients in the post-operative recovery period. It requires a thorough and complete exam prior to the procedure. It requires follow-up of the patient after the procedure. It mandates proper maintenance, use and calibration of equipment. This bill will also give KDHE the power to enforce compliance with these standards.

HB 2751 is good legislation. It will allow those who provide abortion services to document to the people of Kansas that they are meeting the minimum standards promulgated by the abortion industry itself. This is the expectation of the women who are seeking abortion services. I believe that it is our obligation to assure these women that they are receiving care that at minimum meets these standards.

I strongly encourage you to support this legislation and welcome any questions you might have.