

February 16, 2004
Testimony to the Kansas House of Representatives
House Federal and State Affairs Committee

Thank you for this opportunity to address you regarding HB 2751, clinic licensing and regulation.

I am Dr. Brendan Mitchell, a Board Certified Obstetrician/Gynecologist in practice ten years in the Johnson County area. I am part of a large single specialty group practice that performs a wide variety of surgical procedures in different settings. My patient population is diverse, covering a wide range of ages, educational levels and socioeconomic status. My colleagues and I are subject to quality assurance at every hospital and ambulatory surgery center where we practice, and rightly so.

It is the role of the state to protect the consumers of health care, and to insure that a mechanism is in place to monitor the quality of health care delivered. From my conversations with patients, I am gravely concerned about the quality of health care that women are receiving when they undergo abortion procedures, and the lack of quality oversight surrounding these practitioners and this procedure.

With over 12,000 abortions occurring annually in the state of Kansas, it is surprising to me that the abortion facilities are unregulated. Because of my experience treating women with miscarriage in the first and second trimesters, I understand that abortion is a procedure that is fraught with potential hazards, even in the most experienced hands. Women treated for miscarriage in the first and second trimester, and fetal death in the third trimester, are treated at hospitals and licensed ambulatory care facilities. These facilities are modern, clean, and secure, but most importantly, they are subject to independent quality assurance entities as a requirement for their operation.

Reasonably well-trained Ob-Gyns performing these surgical procedures for miscarriage would be expected to examine the patient prior to the procedure. They would perform basic laboratory analysis for anemia and Rh typing. They would be working with well-maintained equipment, and well trained and qualified staff. They would monitor the patient's condition during anesthesia, and in the postoperative period. Procedures to empty the uterus, after a pregnancy has been lost, are performed in a hospital or a licensed ambulatory care center. These facilities are regulated by the KDHE, and are subject to inspections to ensure minimum quality standards. Most physicians, myself included, would not want to perform these procedures, with their inherent risk of complications, in a substandard facility.

I have had personal experience with unexpected complications arising from this procedure. I was performing a D&C for first trimester miscarriage and encountered heavy unexpected hemorrhage. Despite the administration of numerous drugs to cause the uterus to contract, the patient continued to bleed and her condition deteriorated to the point of shock. It was necessary to perform an emergency hysterectomy to control the bleeding, and the patient required several units of blood and blood products. Because of the expert care delivered by a team that included an anesthesiologist and well-trained nurses, the patient survived. The hysterectomy specimen was sent to pathology as required, and an explanation was derived from examination of the specimen. The case was then reviewed by my peers. Had this D&C been performed in an area abortion clinic, the patient would not have survived.

For a variety of reasons, abortion is generally not performed in a regulated and licensed facility, and these reasons have nothing to do with the safety, complication rate or difficulty of the procedure. Abortions are generally performed in an office or clinic setting, and they are not substantially different in risk from similar procedures performed in a hospital. There is currently no mechanism to regulate the quality of surgical and anesthesia care administered in an office or clinic performing abortions.

Abortion in this country has become less restricted since Roe vs. Wade. However, this does not abdicate lawmakers' responsibility to ensure the safety of patients undergoing surgical procedures in the state of Kansas. The public perceives that legal abortion is safe abortion. Indeed many of the proponents of abortion rights cite safe abortion as the main justification against laws restricting abortion. The public believes that the same standards that apply to other surgical procedures, apply to legal abortion. However, this is not the case. In the absence of quality standards, there is no evidence that abortion is safer now than before 1973.

Obviously, there is a social stigma associated with abortion for many patients. Because of this, patients undergoing abortion are at great risk for substandard care or even abuse. Most abortion providers operate on a cash basis with no insurance coverage involved, eliminating quality assurance or facility standards that an insurance company would place on its participating providers. Many patients having abortions are given anesthetic agents producing amnesia for the experience, and are reluctant to report any perception of substandard care. They are not in a position to protect themselves.

I have had many patients with a history of abortion complain that they were given poor consent, that the ultrasound and other medical equipment appeared to be antiquated, and that the facility appeared unsanitary.

I have recently delivered a patient that was a former employee of an abortion clinic and reported poor training and appalling conditions. In my own practice it has become obvious to me that many patients undergoing the abortion procedure are not given adequate means to follow up in case of a complication. HB 2751 would establish a minimum set of standards of quality for offices and clinics where surgical abortion is taking place. It establishes regulations and standards that any reasonable consumer of health care would expect in a facility administering anesthesia and performing surgical procedures that carry a risk of infection or life threatening bleeding, and gives the ability to enforce these standards.

The standards proposed in this bill are the same standards set forth by the American College of Obstetrics and Gynecology, Planned Parenthood and the National Abortion Federation. These standards are basic and not restrictive, and are attainable by facilities practicing abortion.

The role of laws regulating the practice of the healing arts is to protect the public. Providers of health care are already subject to these laws. Unfortunately, however, the abortion industry has remained unfettered by the regulation designed to ensure safety and quality of care, and, because of the politically divisive nature of the abortion debate, it has managed to stay unregulated. This is bad for the consumer of abortion services. HB 2751 is good legislation. It will ensure that those who provide abortion in our state document to the people of Kansas that they are meeting the minimum standards promulgated by the abortion industry itself.

This is what the public expects of its elected officials and of its government.

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