

March 2, 2005

The Honorable John Edmonds, Chairperson  
House Committee on Federal and State Affairs  
Statehouse, Room 171-W  
Topeka, Kansas 66612

Dear Representative Edmonds:

SUBJECT: Fiscal Note for HB 2503 by House Committee on Federal and State Affairs

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2503 is respectfully submitted to your committee.

HB 2503 would establish standards for the operation of abortion clinics. The Department of Health and Environment would be authorized to apply to a court to issue an injunction, restraining order, or other order to compel a facility to comply with the regulations. The bill would also allow KDHE to deny, suspend, or revoke a license. Another person must be present during examinations and abortions, and if the physician is male, the other person must be a female. There would also be a requirement that a physician or nurse who is trained in advanced cardiovascular life support must be on the premises until all patients are discharged. Reports filed with KDHE regarding the records of abortion clinics would be considered open records, although the patients' names could not be identified. The bill would define "viable" as the age of gestation when the fetus is capable of sustained survival outside the uterus without the application of extraordinary medical means, and "gestational age" as the time that has elapsed since the first day of the woman's last menstrual period. The bill would also require the Secretary of KDHE to periodically review procedures for abortion facilities, and would specify standards for:

1. Patient areas, private areas, surgical areas, and recovery and counseling areas
2. Ventilation and lighting
3. Cleaning and sterilizing of rooms and equipment

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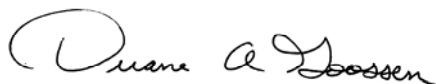
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4. Nurses and physician assistants
5. Abortion procedures, use of anesthesia, and use of intravenous access
6. Preparation of written materials for patients regarding possible problems and aftercare
7. Length of time that patients remain in the recovery room
8. Follow-up visits, inspections, and investigations
9. Supplies and equipment
10. Pre-and post-procedure counseling
11. Physicians and medical directors who must be licensed to practice medicine and surgery in Kansas
12. Medical screening and evaluation of patients
13. Use of ultrasound equipment
14. Emergency resuscitative and life support equipment and procedures
15. Maintenance of clinic records and establishment of an internal risk management program and reporting system, including records of patient injuries or deaths
16. Annual licensing fee collection and enforcement

| Estimated State Fiscal Effect |                |                      |                |                      |
|-------------------------------|----------------|----------------------|----------------|----------------------|
|                               | FY 2005<br>SGF | FY 2005<br>All Funds | FY 2006<br>SGF | FY 2006<br>All Funds |
| Revenue                       | --             | --                   | --             | --                   |
| Expenditure                   | --             | --                   | \$291,118      | \$291,118            |
| FTE Pos.                      | --             | --                   | --             | 1.0                  |

The Department of Health and Environment indicates that the passage of HB 2503 would cost \$291,118 from the State General Fund for development of regulations, license inspections, conducting of surveys, and monitoring of facilities. The estimate includes \$156,000 for a physician consultant and \$78,000 for a birthing consultant, \$47,620 for 1.0 FTE administrative position, and \$9,498 for other operating expenditures. The two consultants would be paid on a contractual basis and the 1.0 FTE position would be needed to monitor compliance with the law and perform the required record-keeping duties. The fiscal effect of HB 2503 would be in addition to amounts recommended in *The FY 2006 Governor's Budget Report*.

Sincerely,



Duane A. Goossen  
Director of the Budget

cc: Aaron Dunkel, Health & Environment